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Health Costing in Alberta

2003 Annual Report

***Health Funding and Costing Branch
Alberta Health & Wellness***

For further information on this report and its contents contact:

Health Costing Unit
Health Funding and Costing Branch
Alberta Health and Wellness
19th floor, 10025 Jasper Avenue
Edmonton, Alberta T5J 1S6

Rick Leischner, Manager
(780) 427-0664
Rick.Leischner@gov.ab.ca

OR

Shannon Roden
(780) 415-2054
Shannon.Roden@gov.ab.ca

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Frequently Used Acronyms

ACCS	Ambulatory Care Classification System
CACS	Comprehensive Ambulatory Classification System
CIHI	Canadian Institute for Health Information
CMG	Case Mix Group
CMI	Case Mix Index
HSRV	Hospital Specific Relative Value
RIW	Resource Intensity Weight
RDRG	Refined Diagnosis Related Group
RHA	Regional Health Authority
SWRV	System Wide Relative Value

Health Costing in Alberta

2003 Annual Report

Table of Contents

Frequently Used Acronyms	inside front cover
Introduction	1
<i>Alberta's Costing Partnership</i>	2
<i>Contributors to 2001/2002 Cost Development</i>	3
<i>Processes for 2001/2002 Cost Development</i>	5
<i>Data Flows</i>	6
Data Collection Processes	7
<i>Activity Data</i>	7
<i>Cost Data</i>	7
Cost Data Processes	8
<i>Trimming Data</i>	9
Grouping of Data	9
<i>CMG Grouper</i>	9
<i>ACCS Grouper</i>	11
<i>Grouping Results</i>	11
Data Top Up	12
Contribution to National Resource Intensity Weights	13
Conclusion	14
Appendix	17
<i>Cost Weight Development</i>	17
Definitions	21
Schedules	23
Inpatient Schedules	
<i>Schedule 1 - Inpatient Cost Results</i>	23
<i>Schedule 2 - Inpatient Yearly Comparisons</i>	92
<i>Schedule 3 - Inpatient Statistical Background</i>	162
<i>Schedule 4 - Inpatient Top-Up by Source</i>	232
Ambulatory Care Schedules	
<i>Schedule 5 - Ambulatory Care Cost Results</i>	239
<i>Schedule 6 - Ambulatory Care Yearly Comparisons</i>	253
<i>Schedule 7 - Ambulatory Care Statistical Background</i>	267
<i>Schedule 8 - Ambulatory Care Low Volume Cells</i>	281



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Health Costing in Alberta 2003 Annual Report

Introduction

The Alberta Costing Partnership has successfully developed patient specific case costs for both inpatient and ambulatory care, for the fifth consecutive year. The partnership consists of six costing regions along with the department of Alberta Health and Wellness.

The 2003 Annual Report discloses the cost of cases that were handled by the participating health regions between April 1, 2001 and March 31, 2002. Cost data is blended with the prior year costs to smooth out the large cost fluctuations that are inherent in health care service provision. Cases are grouped by linking to activity data to provide appropriate summary information.

The process of costing health services in Alberta is evolving, as is the reporting of costs. Once again the inpatient costs are reported by Case Mix Groups (CMGs). Since this format enhances age and complexity level reporting for case mix groups, readers can better grasp the role that complexity and age have on health care costs. The ambulatory care costs are reported by Ambulatory Care Classification System (ACCS).

The 2003 cost schedules were designed to meet the needs of various users. Direct and indirect cost components are provided in schedules 1 and 5. Schedules 2 and 6 provide information on cost trends and schedules 3,4,7 and 8 provide statistical data to assist users in assessing the accuracy and relevance of the cost data. Readers are encouraged to refer to the definitions of column headings on page 21.

As costing processes improve and more information becomes available, additional component details will be included in future reports.

The major driver behind health costing in Alberta continues to be its use in the calculation of each health region's global funding. The capitation rates (for ambulatory care) and Province Wide Services funding are based on Alberta costs. The cost weights for inpatient and import/export valuation are based on the Canadian Institute for Health Information's (CIHI's) Resource Intensity Weight (RIW), which includes Alberta data. In addition to funding purposes, the use of cost information in other areas of the department and within the regions is becoming more common as users learn more about this information.

It should be noted that the cost information contained in this publication does not represent the provincial average cost of hospital-based services across the regional health authorities. Rather it reflects the average cost derived from the data submitted by only three health authorities for 15 different sites. The costs from these sites reflect 55 percent of the provincial level of hospital-based inpatient activity (separations) and 25 percent of the ambulatory care activity (visits). Although the data submitted have gone

Health Costing in Alberta 2003 Annual Report

through reasonability validation, the Alberta Costing Partnership provides no external assurance over the appropriateness and completeness of cost allocations done by the health authorities.

In 2002, a Costing of Output Steering Committee was formed with Alberta's health authorities and department membership to guide an orderly development of approaches, methodologies and standards relating to the reporting of cost of outputs information. Among its responsibilities, the group is to leverage on research, studies and experiences in the province and across Canada. It is expected that the work of the Alberta Costing Partnership will be a cornerstone on which the Costing of Output Steering Committee will build.

Beginning in 2003/2004, Alberta Health and Wellness plans to enter into multi year performance agreements with all health regions. These agreements will list expectations, key performance measures, and targets to be met by the regions. One element of performance to be measured is the information on the cost of services. The nature and extent of cost reporting will be determined in future agreements.

Outside Alberta, significant interest has been expressed in the work done by the Alberta Costing Partnership, with numerous inquiries received from national bodies, other provincial health ministries, researchers, universities, major pharmaceutical companies and medical personnel. Demand for Alberta cost data continues to increase.

Alberta's Costing Partnership

Leadership of the Alberta Costing Partnership resides within the Ministry of Health and Wellness. The health funding and costing branch is responsible for carrying on the health costing mandate. Health costing was done in conjunction with six regional health authorities (RHAs) who utilized a common costing framework to generate patient-specific case costs. The six regions were¹:

- ♦ Chinook Regional Health Authority,
- ♦ Calgary Health Region,
- ♦ David Thompson Regional Health Authority,
- ♦ Crossroads Regional Health Authority,
- ♦ Capital Health Authority, and
- ♦ Mistahia Regional Health Authority.

In addition to collecting and submitting cost data, each of the costing regions is expected to appoint a regional costing co-ordinator to represent its region

¹ On April 1, 2003 a significant restructuring of health regions took effect in Alberta. There are currently nine regions, replacing the 17 regions in operation in 2001/2002.

Health Costing in Alberta 2003 Annual Report

on the Costing Function Team. Team members are expected to provide input to any discussions/decisions regarding the costing framework and process.

One of the major responsibilities of the team is to participate in the costing round table review of the provincial cost results. The participants review the statistical analysis. They also compare costs among the contributing regions and from prior years. Issues identified in this process are investigated and resolved by the team prior to publication of this report.

Contributors to 2001/2002 Cost Development

Although six RHAs participated in the Alberta Costing Partnership, three regions were not able to submit 2001/2002 cost data -- Chinook Regional Health Authority, David Thompson Regional Health Authority and Mistahia Regional Health Authority.

Cost data collected for 2001/2002 continued to focus on inpatient and ambulatory care services. In total, cost data submitted by the regions for inpatient services totaled over 185,000 patient records and over 1.5 million costed visits for ambulatory care.

The availability of multiple years of cost data has improved the robustness and stability of both the inpatient and ambulatory care data sets. Alberta's continued success has been possible as a result of the commitment of the regional health authorities and the Ministry to continue to collect and produce reliable cost data.

Comparison of Cost and Activity Data Collected

	Inpatient			Ambulatory Care		
	Costed Records	Provincial Activity Reported	Costed Records as % of Activity	Costed Records	Provincial Activity Reported	Costed Records as % of Activity
1997/1998	129,000	335,000	39%	458,000	2.7 Million	18%
1998/1999	144,500	346,000	42%	1.1 Million	3.7 Million	30%
1999/2000	104,000	346,500	30%	1.1 Million	4.2 Million	26%
2000/2001	134,000	343,000	39%	1.4 Million	5.5 Million	25%
2001/2002	185,000	337,500	55%	1.5 Million	5.9 Million	25%

Health Costing in Alberta 2003 Annual Report

Cost data was provided from 15 different sites. Each site tracks costs on a patient specific basis in one or more functional centres.

The bulk of the costs for inpatient cases flow from inpatient nursing functional centres; therefore, only sites with the ability to track nursing costs on a patient specific basis are included in this report. Since inpatients routinely receive services in other functional centres such as emergency, diagnostic imaging and laboratory services, regions have developed the capability to track costs in these centres on a patient specific basis. Where this capability does not exist, regions use allocation models to ensure that appropriate costs are properly distributed to inpatient cases.

The costs for ambulatory care cases are not reported where there are no systems to track costs on a patient specific basis in the functional centres directly providing ambulatory care. The following table outlines the facility and availability of patient specific cost information submitted in the 2001/2002 fiscal year.

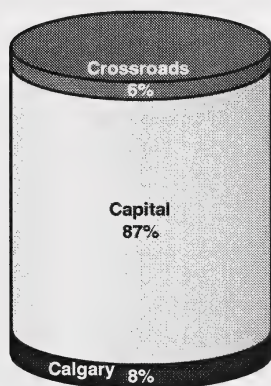
2001/2002 Cost Data by Region/Facility

Regional Health Authority	Site	Inpatient	E.R.	Day Procedures	Clinics	DI	Rehab
Calgary	AB Children's	Yes	Yes	Yes	No	No	No
	Foothills	Yes	No	No	No	No	No
	Rockyview	Yes	No	Yes	Yes	No	No
	Peter Lougheed	Yes	No	No	No	Yes	No
Capital	Glenrose	Yes	No	Yes	Yes	Yes	Yes
	Misericordia	Yes	No	Yes	Yes	Yes	Yes
	Grey Nun's	Yes	No	Yes	Yes	Yes	Yes
	Royal Alexandra	Yes	No	Yes	Yes	Yes	Yes
	U of A	Yes	Yes	Yes	Yes	Yes	Yes
	Leduc	Yes	No	Yes	Yes	Yes	Yes
	Sturgeon	Yes	No	Yes	Yes	Yes	Yes
Chinook	No cost data supplied for 2001/2002						
Crossroads	Breton	Yes	No	No	Yes	Yes	Yes
	Drayton Valley	Yes	Yes	Yes	Yes	Yes	Yes
	Wetaskiwin	Yes	Yes	Yes	Yes	Yes	Yes
	Crossroads Non-Hospital	No	No	Yes	No	No	Yes
David Thompson	No cost data supplied for 2001/2002						
Mistahia	No cost data supplied for 2001/2002						

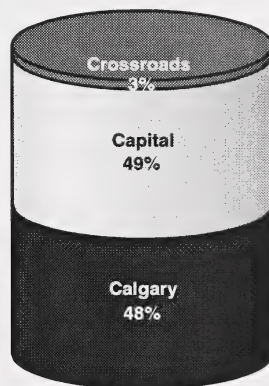
Health Costing in Alberta 2003 Annual Report

The following charts show the number of costed records received from each region (shown as percentages). The Capital Health Authority currently provides the bulk of the ambulatory care cost data. For the other cost pool, inpatient data, the Calgary Health Region and Capital Health Authority provide similar amounts of data.

Ambulatory Care Records



Inpatient Records



Processes for 2001/2002 Cost Development

For the most part, the same processes were utilized as in prior years. For both inpatient and ambulatory care, two years of cost data were blended (2001/2002 and 2000/2001 data). If cells needed to be topped up, cost records were first taken from the 1999/2000 data, next the 1998/1999 data and then the 1997/1998 data. This decision was made in order to increase the size of the database, which reduced the number of low-volume cells, as well as improved the stability of costs.

While not necessary in computing relative values, in order to combine the data and still arrive at appropriate average case costs, it was necessary to inflate the historical data. The following table lists the inflation rates:

Fiscal Year of Cost Data	Inflation Rate Applied
2000/2001	7.9%
1999/2000	4.9%
1998/1999	2.7%
1997/1998	3.0%

Health Costing in Alberta 2003 Annual Report

A number of known issues with some of the historical data caused the following records to be excluded from being used as top-up cases.

- ♦ Bone marrow transplant cases – Due to the advent in 1998/1999 of systems that allowed more accurate tracking of patient-specific drug costs within this area, it was felt that the 1997/1998 cost data did not correctly represent the costs for these types of visits. Therefore, the 1997/1998 records were not used as top-up cases.
- ♦ Percutaneous transluminal coronary angioplasty (PTCA) cases – A number of these procedures were done on an outpatient basis at one facility while the service recipient was a registered inpatient at a second facility. Since the cost of the outpatient procedure was not captured as part of the inpatient stay, these records were felt to be under-valued.

The data submitted was edited for reasonability. The following list describes the type of edit checks used:

- ♦ ambulatory care
 - exclude any visits with a cost less than \$5.00
 - exclude any visits which did not include allocated overhead costs
- ♦ inpatient
 - exclude any visits with a case cost of less than \$200.00 if the length of stay is not one day or less
 - exclude any cases without nursing costs
 - exclude any visits with a cost per day less than \$100.00
 - exclude any visits which did not include allocated overhead costs
 - exclude any visits beyond the trim point

The rest of the costing process remained constant with prior years' cost development.

Data Flows

Cost data collected by the participating RHAs is forwarded to the health funding and costing branch of Alberta Health and Wellness on an annual basis.

Processing of the raw cost data is done at Alberta Health and Wellness with the results reviewed and validated in consultation with the Costing Function Team. The process ultimately results in the development of patient-specific case costs, average costs and relative values. The processed cost records reside in the Alberta Health and Wellness database and are available for extraction for research and management purposes subject to the provisions of the *Health Information Act*.

One of the key users of the information is the health funding unit at Alberta Health and Wellness. For ambulatory care, the average case costs are used in

the funding formula. Likewise, funding for Province Wide Services uses the average costs from the inpatient data.

CIHI is another key user of the costing results. The final set of cost data is sent to CIHI to be combined with cost data from Ontario to develop new RIWs by Case Mix Groups (CMGs). The health funding unit uses these RIWs in the funding formula for inpatient care.

The other major users of data are the regional health authorities. Finalized cost and activity data are provided back to the regions in a summarized format. Within the regions, cost data is used for purposes such as rate setting with third party payers and providers, revenue analysis, financial planning, evaluation, and benchmarking. In summary, various users have used the cost information to improve resource allocation and consumption decisions.

Data Collection Processes

The costing exercise is heavily dependent upon data collection systems. There are two components to the data utilized by Alberta Health and Wellness in developing case costs: activity data and patient-specific cost data.

Activity Data

Patient specific activity data is collected by all regions and represents unique information for each particular service. For example, the ambulatory care activity data includes:

- ♦ patient demographics (birthdate, personal health number, gender, etc.),
- ♦ procedure/diagnosis codes,
- ♦ service date,
- ♦ service location,
- ♦ MIS primary,
- ♦ patient disposition, and
- ♦ provider type (optional).

Ambulatory care activity data is sent directly to Alberta Health and Wellness through H-Link and is grouped with the Alberta-developed Ambulatory Care Classification System (ACCS) grouper. Inpatient activity data is collected and submitted to CIHI (Discharge Abstract Database) and then forwarded to Alberta Health and Wellness. Modifications are made to some records and then the file is re-grouped internally using the CMG grouper.

Cost Data

The costing regions provide patient-specific cost data for both ambulatory and inpatient services. A concerted attempt has been made to parallel the

Health Costing in Alberta 2003 Annual Report

two processes, in keeping with the overall costing framework. Cost data from the regions is submitted directly to Alberta Health and Wellness.

Although the data is submitted only once a year, the regions may send monthly, quarterly, or annual cost files. These files include, for each case, common information that is used to link the data. In addition, the files contain the following diverse information:

1. Patient specific supply costs
 - ♦ patient specific drug costs
 - ♦ patient specific supply costs

These are supply costs that can be directly assigned to specific patients (e.g. operating room supplies, drugs dispensed on a prescription or unit dose basis).
2. Other patient specific cost data
 - ♦ Functional centre direct costs: include all costs (salaries, drugs, medical, and surgical supplies) and other expenses in the patient care functional centres (called absorbing cost centres) for services provided directly to patients. Also, included in these costs are the direct administrative costs associated with the administration of a patient care area, such as salaries of patient care managers and medical staff administration.
 - ♦ Functional centre indirect costs: include costs associated with the administration and support functional centres (called transient cost centres). These indirect expenditures are allocated to patient care functional centres. Examples of these types of costs are general administration and support services such as finance, material management, facilities management, registration, patient food services, and health records.
 - ♦ Non-specific patient drug allocation: are costs for ward stock and other drugs that could not be directly assigned to specific patients.

The submitted costs do not include expenditures not related to patient care. For instance, amortization of building and leasehold improvements, contributed services, or full cost of ancillary operations are excluded.

Cost Data Processes

The data from the cost data files is initially summarized into one record that includes the total case cost. The second step in the process is to link these costed cases with the separate activity files to derive group assignments. Once linked, the relative values and average costs by group are calculated.

Trimming Data

Trimming of cost data is a standard practice in the calculation of average case costs and relative values for each cell or group. The trimming process results in the exclusion of those cases that are atypical from these calculations. Trimming of inpatient cases in Alberta is based on the length of stay of the past three years of Alberta inpatient discharges. A trim point is determined for each cell and any case with a length of stay beyond the trim point is considered an outlier or an atypical case with an associated higher cost. The rationale for trimming is that the retention of outliers in the relative value and average cost calculations would lead to the potential over-valuation of services.

The formula used in calculating the inpatient trim point is applied to data from the Discharge Abstract Database and is outlined below:

$$(\text{length of stay of third quartile}) + (2 * (\text{third quartile} - \text{first quartile}))$$

An acceptable measure for use in trimming ambulatory care data has not been identified. During the review/validation of 1998/1999 costs, the application of a trim point for each ACCS cell based on plus or minus three standard deviations from the cell mean was considered. Upon reviewing the results of this approach, the Costing Function Team determined that this method of trimming would not be employed, as it appeared to exclude a significant number of valid cases.

Grouping of Data

Nationally, CIHI sponsors the use of the Case Mix Groups (CMG) grouper for inpatient cases. They have developed Resource Intensity Weights (RIWs) for each CMG. The health funding and costing branch began utilizing these RIWs in the 2001/2002 funding calculations.

For grouping of ambulatory care data, the Alberta-developed Ambulatory Care Classification System or ACCS is used. CIHI also sponsors a national ambulatory care grouper, Comprehensive Ambulatory Classification System (CACS), which is modeled upon Alberta's ACCS. Discussions regarding the merit of switching from ACCS to CACS are ongoing. Until a final decision is made, the ambulatory care cost results will be produced by ACCS.

CMG Grouper

The CMG grouper groups patients together who are similar in terms of resources used. The variables required to define the Case Mix Groups are:

- ♦ most responsible diagnosis,

Health Costing in Alberta 2003 Annual Report

- ♦ weight (for neonates),
- ♦ presence or absence of operating room procedures,
- ♦ surgical hierarchy/medical hierarchy, and
- ♦ diagnosis types 1, 2, W, X, and Y.

The complexity overlay on the CMG codes enhances the prediction of utilization of acute care resources within medical/surgical specialties. A complexity level is not applied to a CMG code unless it improves homogeneity in length of stay (LOS) or total resource use. The variables used in assigning the complexity levels are:

- ♦ major clinical categories/case mix groups,
- ♦ pre-admission comorbidity (type 1 diagnosis),
- ♦ post-admission comorbidity (type 2 diagnosis),
- ♦ service transfer diagnosis (type W, X, or Y diagnosis)
- ♦ comorbidity grades,
- ♦ number of body systems involved, and
- ♦ number of “complex” comorbidities.

The complexity levels are as follows:

- Plx 1 – no complexity,
- Plx 2 – complexity related to chronic conditions,
- Plx 3 – complexity related to serious/important conditions,
- Plx 4 – complexity related to potentially life-threatening conditions, and
- Plx 9 – complexity not applied (for instance, the complexity may already be captured within the CMG assignment methodology).

A Plx group is the combination of CMG code + Plx Level. CIHI also applies an age overlay to each Plx group based on the age of the patient:

- 1 – 0 to 17 years old,
- 2 – 18 to 69 years old, and
- 3 – 70 plus years old.

There are 477 CMG codes and 1587 Plx groups. When the age overlay is applied to these Plx groups, the result is 4759 new codes (commonly referred to as Aplx cells). Unfortunately, there are low volume concerns for the majority of these Aplx cells using the Alberta costing data. Therefore, the cost results by CMG code + Plx level + age group are not published in this report.

The 2001/2002 inpatient data was classified using CMG2001. In addition, to obtain a common base for blending the two years of cost data, the 2000/2001 inpatient data was regrouped with this version of the grouper. Furthermore, all sources of top-up (historical Alberta costs from 1999/2000, 1998/1999, and 1997/1998) were also regrouped using the latest version of the CMG grouper. When data from the two years were combined and after

topping up those groups where activity existed in the morbidity file, there remained a few Plx groups for which a relative value was not derived. A relative value was calculated for all CMG groups.

When the Alberta Costing Partnership began in 1997/1998, the Refined Diagnosis Related Groups (RDRG) grouper was used to group the activity data. Therefore, costing results from 1997/1998 to 1999/2000 are based on these groups, instead of CMGs.

ACCS Grouper

The Ambulatory Care Classification System (ACCS) was developed in Alberta. The project began in 1989 under the direction of Alberta Health and Wellness with the intent to create an ambulatory care grouper tailored to Alberta specifications. The project began with a review of existing groupers (DPGs, PACs, EDGs) and used these building blocks, in combination with Alberta data, to develop ACCS.

To run the ACCS grouper the required data consists of patient demographics and visit related information such as diagnosis/procedure code, mode of service, date of service, patient disposition, etc. The ACCS grouper used to classify the cost data this year was composed of 423 groups. With the combined data set (2001/2002 and 2000/2001 cost data, plus top-up cases from 1999/2000, 1998/1999 or 1997/1998), only five groups had no cost data reported, leaving a total of 418 groups populated to some degree.

The authors and managers of ACCS have the ability to modify the grouper based on Alberta results, or to meet specific needs within the province. For instance, a review of the resource homogeneity of a number of ACCS grouper cells was undertaken in early 2000. In addition to an examination of the relative resource homogeneity of each of the groups, a review was done of the need for a number of under-populated or similar groups.

Grouping Results

Each of the schedules includes a list of the ACCS or CMG group numbers along with the descriptive name of each group. For more information on the contents of each group (i.e. ICD9-CM codes), it will be necessary for interested parties to go to source documents for the respective groupers. Information on the ACCS grouper can be obtained from the health funding and costing branch of Alberta Health and Wellness (780-427-7040).

Only a small number of ungroupable records were found in both the inpatient and ambulatory care activity and cost submissions.

Health Costing in Alberta 2003 Annual Report

Data Top Up

The availability of five years of consistent cost data resulted in a much more extensive data set upon which to base average costs and also a reduced requirement to rely upon other jurisdictions' data for top-up. Top-up is the generally accepted practice of supplementing any low volume cells with cost data from historical data or another jurisdiction. As in previous years, no attempt was made to top-up any cells for which no cases had been reported within the province.

Determining the top-up threshold is somewhat a subjective decision. In Alberta, the standard has been set at five, meaning that any cell with four or fewer cost records will require topping-up with additional cost data.

For inpatient case costing, there were a number of sources of top-up data available. As part of a bi-lateral agreement Alberta Health and Wellness entered into with the Ministry of Health and Long-Term Care in Ontario, access to data collected through the Ontario Case Costing Project (OCCP) was available for this purpose. In addition, Maryland cost data had also been purchased for this purpose.

Unfortunately, the data from these other jurisdictions is now outdated and had been grouped to RDRG rather than a CMG format. Consequently, the Costing Function Team decided to no longer use Ontario and Maryland data as top-up.

Therefore, for this year's cycle, the first source of inpatient top-up was the historical Alberta 1999/2000 cost data, followed by the 1998/1999 data, and then the 1997/1998 Alberta data. All CMG codes that were short of data (fewer than five cost records) were appropriately topped up by applying this method.

On the other hand, there were seven Plx groups that still did not have five cases. No further cases were added to determine an average cost. However, system wide relative values (SWRVs) were estimated for these Plx groups based on related Plx groups.

Since external sources of cost data do not exist for ambulatory care, the process for topping up low volume ACCS cells was of necessity somewhat different. After determining which cells would require top-up (based on the fewer than five standard), a two-step approach was used.

Firstly, records from the 1999/2000, 1998/1999 and/or 1997/1998 Alberta cost data were used to top-up cells with fewer than five records. Then, if there were four or fewer costed records for a cell, it was agreed that the average cost of the available records would be the value used. Those cells for which activity had been reported, but had zero costed cases represented

another challenge. Based on the Costing Function Team recommendation, the overall average cost was considered as a reliable estimate for these remaining cells.²

Detailed information on top-up sources and low volume cells can be found in schedules 4 and 8 for inpatient and ambulatory care respectively.

Contribution to National Resource Intensity Weights

On an annual basis, Canadian Institute for Health Information (CIHI) develops and publishes a schedule of Resource Intensity Weights (RIWs) based on their CMG grouper. RIWs are also published for Day Procedure Groups (DPGs). According to CIHI's Web page³

"The Resource Intensity Weights (RIW) system is a relative resource allocation methodology for estimating a hospital's inpatient-specific costs for both acute and day procedure care. RIW is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as "weighted cases".

"Uses

- translating case mix data into cost data
- determining unit costs for atypical cases
- identifying priorities by CMG for utilization management
- planning new programs
- evaluating program efficiency"

Alberta Health and Wellness provided CIHI with inpatient and ambulatory care case costs in previous years. It is expected that the final costs from 2001/2002 for inpatient and ambulatory care will also be provided to CIHI.

The national RIW technical working group reviewed the initial data submitted for costing by Alberta Health and Wellness. They assessed it against the following criteria:

- ♦ the methodology for capturing cost data must be documented,
- ♦ sufficient data volume must exist,
- ♦ supply of data should be available on a timely basis, and
- ♦ data must be statistically valid.

² Note these estimated costs were based on discussions at the last roundtable, which were not based on final costs.

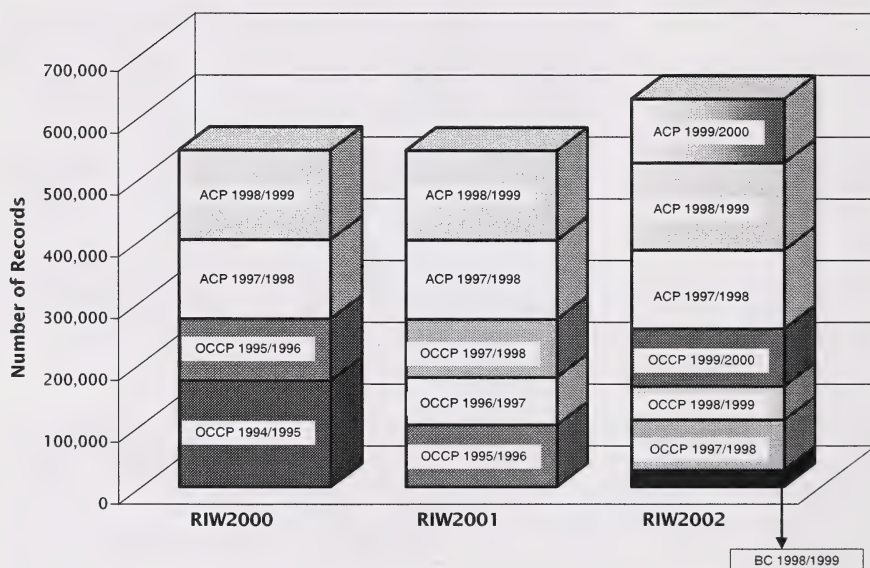
³ RIW™ and Expected Length of Stay Methodology at http://secure.cihi.ca/cihiweb/disPage.jsp?cw_page=casemix_riw_e as at May 15, 2003.

Health Costing in Alberta 2003 Annual Report

The review concluded that the quality as well as comparability with existing Ontario data made Alberta data an excellent contributor to the national RIWs. The all-Canadian RIW information is believed to be more reflective of the non-profit environment in Canada.

Every year the set of data utilized to develop the RIWs changes as both Alberta and Ontario continue to send updated records from more recent years. Also, RIW2002 includes data from British Columbia for the first time.

Comparing Data Utilized by CIHI in Developing RIWs



Conclusion

In its fifth year, the Alberta Costing Partnership has once again produced Alberta costs for both inpatient and ambulatory care. The significance of this achievement can be demonstrated by the widening interest, which continues to be expressed by other health organizations and researchers. In particular, the contribution and acceptance of Alberta cost data in the development of national Resource Intensity Weights through CIHI attests to the quality of the work that has been done in the province. As well, Alberta continues to lead the rest of the country in comprehensively collecting and costing ambulatory care data.

Health Costing in Alberta 2003 Annual Report

The continued success of the Alberta Costing Partnership could not have occurred without the dedication and commitment of RHA and Alberta Health and Wellness staff. The cost results included in this report are the product of many, many hours of effort, an achievement of which all participants can be proud.

The health funding and costing branch would like to thank all those individuals who have contributed to this work and look forward to continuing the partnership.

Appendix

Cost Weight Development

The process used by Alberta Health and Wellness to develop cost weights or relative values for each of the inpatient and ambulatory care groups is based on the hospital specific relative value methodology.

Calculating relative values adjusts for differences in utilization patterns and pricing (costing) between facilities. Because this allows for easy combining of data from different provinces and across years, it produces a set of relative values that do not require complex adjustments to make the data comparable. This method first calculates the hospital specific relative value (HSRV) for each group (ACCS cell, CMG, or Plx group) for each hospital, then derives an initial system wide (including all hospitals) relative value (SWRV), and finally calculates a case mix index (CMI). While the steps below are based on ambulatory care calculations, a similar process is undertaken for the inpatient data.

HSRV - Step 1

Raw costing information is received from the costing regions and processed at Alberta Health and Wellness. An average cost per case is calculated for each ACCS cell. These costs are then available as input into the relative value calculation process.

ACCS #	Description	Hospital A		Hospital B		Province-Wide	
		Cases	Average Cost \$	Cases	Average Cost \$	Cases	Average Cost \$ (wtd avg.)
26	Hernia	2	\$300.00	6	\$450.00	8	\$412.50
62	Hemodialysis	5	\$200.00	10	\$300.00	15	\$266.67
1009	Sprains	9	\$100.00	16	\$150.00	25	\$132.00
	Total Hospital	16	\$156.25	32	\$253.13	48	\$220.84

HSRV - Step 2

The relative value calculation requires cost data by institution and by group. First, the average cost per case by ACCS code, by facility, is divided by the average cost for all cases in that facility (average institution case cost) to derive the HSRV for each ACCS cell. This allows us to look at the cost of an ACCS code relative to other ACCS codes in that facility rather than at the average cost.

Health Costing in Alberta

2003 Annual Report

		Hospital A		
ACCS #	Description	Cases	Average Cost \$	Hospital Specific Relative Value (HSRV)
26	Hernia	2	\$300.00	$\$300/\$156.25=1.92$
62	Hemodialysis	5	\$200.00	$\$200/\$156.25=1.28$
1009	Sprains	9	\$100.00	$\$100/\$156.25=0.64$
	Total Hospital	16	\$156.25	N/A

HSRV - Step 3

The initial SWRVs are calculated for each ACCS code by taking a weighted average of the hospital specific relative values from each facility. For each facility, the number of cases in an ACCS cell is multiplied by the HSRV for that ACCS cell. Then, divide this result by the total number of cases in the system (province) for that particular ACCS code. The sum of the results of this calculation for all facilities is the initial SWRV.

		Hospital A			Province-Wide
ACCS #	Description	Cases	Average Cost \$	Hospital Specific Relative Value (HSRV)	Initial System-Wide Relative Value (ISWRV) (wtd.avg. Of HSRVs)
26	Hernia	2	\$300.00	$\$300/\$156.25=1.92$	$(1.92*2/8)+(1.78*6/8)=1.8133$
62	Hemodialysis	5	\$200.00	$\$200/\$156.25=1.28$	$(1.28*5/15)+(1.19*10/15)=1.2168$
1009	Sprains	9	\$100.00	$\$100/\$156.25=0.64$	$(0.64*9/25)+(0.59*16/25)=0.6097$
	Total Hospital	16	\$156.25	N/A	N/A

Note: Calculates a system wide relative measure of the value of an ACCS cell compared to other ACCS cells

This calculation filters out the differences in efficiencies between hospitals. This can occur if a hospital is a teaching hospital, and would typically incur higher costs per case, or if a hospital uses different technology in treating patients.

HSRV - Step 4

The CMI adjusts for differences in the case mix of treatments in a hospital. For example, if a hospital typically treats much more severe patients, the CMI will adjust the relative values to take that into account.

For each facility, the CMI is calculated by multiplying the SWRV for each ACCS cell by the number of cases in each cell for that facility. The resulting

Health Costing in Alberta 2003 Annual Report

values are then summed. This total is then divided by the number of cases treated in that hospital, which results in the facility's CMI.

Case Mix Index = sum of adjusted value of cases (SWRV units)/actual number of cases = $15.1976/16 = 0.9498$

		Hospital A			
ACCS #	Description	Cases	Average Cost \$	Initial System-Wide Relative Value units = SWRV x # of cases	Adjusted Hospital Specific Relative Value (AHSRV)
26	Hernia	2	\$300.00	$1.8133 \times 2 = 3.6267$	$1.92 \times 0.9498 = 1.8237$
62	Hemodialysis	5	\$200.00	$1.2168 \times 5 = 6.0840$	$1.28 \times 0.9498 = 1.2158$
1009	Sprains	9	\$100.00	$0.6097 \times 9 = 5.4869$	$0.64 \times 0.9498 = 0.6079$
	Total Hospital	16	\$156.25	Total = 15.1976	

Notes:

- Cases in Hosp A adjusted using average system wide relative values.
- Relative value of ACCS adjusted by case mix index for Hospital A

The HSRVs for each ACCS code by facility are then multiplied by that facility's CMI to give a new set of adjusted hospital specific relative values (AHSRVs). For each ACCS cell, these AHSRVs are then summed from all of the hospitals and divided by the total number of cases in each case group to derive a new set of SWRVs.

HSRV - Step 5

Steps 3 and 4 are repeated (weighting HSRVs, averaging HSRVs, and adjusting for case mix) until the difference between successive SWRVs is less than 1 percent.

The final results of the HSRV process for the 2001/2002 inpatient and ambulatory care cost data are outlined in schedules 1 and 4. In these two schedules the results in the "blended" columns are based on the same set of data used in the costing process to produce relative values (all exclusions, including trimming, are applied to the data).

It should be noted, however, that while relative values were calculated for ambulatory care, they were not used in the funding calculations because the data was incomplete. Because of the partial reliance on the fee-for-service (FFS) claims file as a proxy for missing ambulatory care data, average case costs were used rather than relative values.

Definitions

Activity	Total number of cases in Alberta in 2001/2002 reported by all facilities providing health services (schedules 3 and 7).
Average Cost	Average of the costs of blended data, unless otherwise noted.
Average LOS	Average length of stay in days; the day of admission is counted but the day of separation is not counted in this calculation.
Blended	Results based on cost records from 2001/2002 and 2000/2001, as well as all top-up records (except for the average LOS in schedule 2, which does not include top-up records).
Coefficient of Variation	Measures the spread of the cost data (based on the blended set of cost records), as a proportion of the average cost (mean). It is the ratio of the standard deviation divided by the mean.
Cost per Day	Total costs divided by total length of stay from blended cases.
Costed Cases	Includes the number of blended cases that have been costed, unless otherwise indicated. The total number of cases costed for each Case Mix Group (CMG) may not equal the sum of cases costed for each complexity level due to different trim point calculations for CMGs and Plx groups (CMG code + Plx level).
Direct Cost	Includes all costs directly incurred by the department providing the service to the patient. This typically includes health provider costs, direct supervision, supplies, and equipment costs.
Indirect Cost	Includes costs incurred by departments not providing services to patients. This includes administrative services such as finance, human resources, IT, and support services such as plant, costs, material management, housekeeping, admitting and registration, health records and food services.
Low Volume	Cells that have five or fewer costed cases.
Manual Top-Up	A proxy case used to provide an estimated or derived cost when no cases were costed.
Plx Level	Complexity level (see page 10).
Standard Deviation	Measures the variability or distribution of the cost data (based on the blended set of cost records). It is calculated from the deviations (differences) between each data value and the mean. The more disperse the data is, the larger the standard deviation.
SWRV	System wide relative value (see Appendix).
Trim Point	The length of stay (LOS) value used to exclude some cost records from the calculations, as they are considered to be atypical.

Note: 2000/2001 results are based only on that year's cost data, appropriately inflated as indicated on page 5. 2001/2002 results are based only on actual 2001/2002 cost records submitted.

Schedule 1 -- Inpatient Cost Results

CHG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
001	PWS - Craniotomy Procedures		7.9	10,461	3,581	14,042	1,908
001		P1x1	6.1	8,066	2,838	10,904	1,319
001		P1x2	9.1	10,735	3,626	14,360	240
001		P1x3	13.2	14,946	5,041	19,987	148
001		P1x4	22.1	29,645	9,625	39,270	262
003	PWS - Spinal Procedures		5.9	6,697	2,476	9,173	1,566
003		P1x1	4.4	5,448	2,076	7,525	1,712
003		P1x2	10.8	10,689	4,090	14,778	1,365
003		P1x3	13.3	13,746	4,079	17,825	1,337
003		P1x4	26.7	27,706	9,518	37,225	1,392
004	PWS - Extracranial Vascular Procedures		3.5	4,253	1,587	5,840	1,652
004		P1x1	2.7	3,650	1,436	5,086	1,868
004		P1x2	5.5	5,553	1,897	7,450	1,348
004		P1x3	9.4	8,474	2,898	11,372	1,212
004		P1x4	12.3	12,021	3,654	15,675	1,275
005	PWS - Ventricular Shunt Revision		2.6	4,316	1,336	5,651	2,198
005		P1x1	2.2	3,853	1,204	5,057	2,273
005		P1x2	3.6	5,608	1,808	7,416	2,060
005		P1x3	3.4	6,170	2,092	8,261	2,430
005		P1x4	10.0	18,970	5,651	24,621	2,462
006	Carpal Tunnel Release And Specified Nervous System Procedures		3.2	3,947	1,467	5,413	1,712
006		P1x1	2.5	3,533	1,365	4,897	1,976
006		P1x2	5.2	4,286	1,539	5,824	1,120
006		P1x3	8.8	10,943	3,664	14,607	1,660
006		P1x4	35.0	27,260	8,591	35,852	1,024
007	Peripheral, Cranial Nerve And Other Neurological Procedures		6.3	5,482	1,744	7,226	1,149
007		P1x1	3.6	4,039	1,315	5,355	1,479
007		P1x2	15.3	7,495	2,612	10,107	662
007		P1x3	12.7	9,970	2,881	12,851	1,015
007		P1x4	39.7	35,658	10,281	45,939	1,156

Schedule 1 -- Inpatient Cost Results

CICd Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Average Cost per Day	Costed Cases
				LOS	Cost				
010	Neoplasm Of Nervous System		8.9	5,027	1,755	6,782	762	431	
010		Pk1	6.8	3,932	1,353	5,284	782	274	
010		Pk2	11.1	6,071	2,212	8,283	747	72	
010		Pk3	11.4	6,630	2,260	8,890	780	47	
010		Pk4	16.5	8,999	3,143	12,142	738	35	
011	Degenerative Nervous Disorders		16.0	6,900	2,666	9,565	600	340	
011		Pk1	12.9	5,034	1,947	6,981	543	228	
011		Pk2	21.7	8,710	3,316	12,026	555	44	
011		Pk3	24.5	9,684	3,621	13,305	544	42	
011		Pk4	33.0	20,140	7,314	27,454	833	29	
012	Multiple Sclerosis And Cerebellar Disorders		7.7	4,118	1,442	5,560	725	194	
012		Pk1	5.9	3,105	1,046	4,151	708	156	
012		Pk2	19.7	8,421	3,201	11,621	590	24	
012		Pk3	29.6	11,444	4,029	15,473	523	12	
012		Pk4	23.9	21,592	7,334	28,926	1,211	9	
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		9.8	5,629	2,025	7,654	778	2,929	
013		Pk1	7.0	3,817	1,396	5,213	748	1,651	
013		Pk2	13.2	7,028	2,622	9,650	730	501	
013		Pk3	14.4	7,754	2,736	10,490	729	474	
013		Pk4	20.7	13,438	4,724	18,162	876	346	
014	Transient Ischemic Attacks And Precerebral Occlusions		5.0	3,015	943	3,958	797	843	
014		Pk1	4.2	2,492	776	3,268	777	653	
014		Pk2	7.3	4,257	1,377	5,634	775	106	
014		Pk3	10.7	6,546	2,114	8,660	806	69	
014		Pk4	19.0	10,925	3,810	14,735	774	36	
015	Nonspecific Cerebrovascular Disorders		8.1	5,548	1,979	7,526	934	108	
015		Pk1	6.0	4,136	1,294	5,430	912	65	
015		Pk2	8.5	4,117	1,608	5,725	671	17	
015		Pk3	9.1	5,263	1,618	6,881	758	13	
015		Pk4	20.9	19,865	8,717	28,582	1,366	14	

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
017	Cranial And Peripheral Nerve Diseases		7.7	4,054	1,380	5,434	706	318
017		Pix1	6.1	3,175	1,074	4,249	701	245
017		Pix2	11.8	5,872	2,119	7,991	675	36
017		Pix3	15.1	7,077	2,522	9,599	636	21
017		Pix4	26.9	18,366	6,220	24,586	916	20
018	Viral Meningitis		2.9	1,533	532	2,065	702	167
018		Pix1	2.9	1,470	516	1,987	683	156
018		Pix2	10.1	5,474	1,835	7,309	722	8
018		Pix3	4.0	2,062	786	2,848	712	7
018		Pix4	4.0	3,641	1,196	4,838	1,209	5
019	Infection Except Viral Meningitis		8.7	6,547	2,248	8,795	1,009	261
019		Pix1	7.3	4,409	1,565	5,974	814	157
019		Pix2	11.5	7,163	2,746	9,908	864	32
019		Pix3	14.4	9,413	3,364	12,776	888	39
019		Pix4	14.9	16,701	5,381	22,082	1,482	49
020	Hypertensive Encephalopathy		6.9	5,186	1,326	6,512	950	7
020		Pix1	5.4	4,299	1,286	5,585	1,034	5
020		Pix2	5.4	3,167	1,415	4,582	849	5
020		Pix3						
020		Pix4	11.5	9,400	2,108	11,508	1,001	2
021	Non-Traumatic Stupor And Coma		5.0	2,991	1,102	4,093	824	145
021		Pix1	4.0	2,275	881	3,156	780	91
021		Pix2	10.6	5,892	2,131	8,023	754	25
021		Pix3	8.4	5,035	1,827	6,863	815	26
021		Pix4	7.1	5,167	1,664	6,831	964	12
022	Seizure And Headache		3.1	2,008	684	2,692	876	1,870
022		Pix1	2.9	1,839	624	2,463	857	1,586
022		Pix2	3.9	2,450	888	3,338	861	139
022		Pix3	4.9	3,255	1,063	4,318	889	120
022		Pix4	10.3	9,952	3,238	13,190	1,282	52

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
028 Other Nervous System Diagnoses							
028		Pk1	5.4	4,202	1,388	5,590	1,026
028		Pk2	4.5	2,770	922	3,692	814
028		Pk3	6.9	4,004	1,318	5,321	770
028		Pk4	7.7	6,410	2,313	8,723	1,130
028			10.2	12,417	4,093	16,510	1,622
040	Tracheostomy And Gastrostomy Procedures						
040		Pk1	48.3	51,442	18,370	69,812	1,447
040		Pk2	27.6	15,389	6,552	21,941	795
040		Pk3	42.4	22,691	9,215	31,905	752
040		Pk4	37.7	20,980	7,692	28,672	761
040			54.1	63,422	22,352	85,774	1,587
050	Orbital Procedures						
050		Pk1	1.0	1,181	514	1,696	1,696
050		Pk2	1.0	1,182	514	1,696	1,696
050		Pk3	2.8	2,663	805	3,468	1,224
050		Pk4	3.0	2,828	1,077	3,905	1,302
050			42.0	19,156	7,375	26,531	632
051	Other Intraocular Procedures						
051		Pk1	1.8	1,580	678	2,257	1,271
051		Pk2	1.8	1,543	673	2,216	1,260
051		Pk3	3.0	3,338	1,134	4,472	1,491
051		Pk4	2.0	2,383	818	3,201	1,601
052	Retinal Procedures						
052		Pk1	1.0	1,528	489	2,017	2,017
052		Pk2	1.0	1,528	489	2,016	2,016
052		Pk3	4.2	4,016	1,361	5,377	1,280
052		Pk4	6.6	5,761	1,992	7,753	1,175
052			2.5	2,671	1,014	3,685	1,474
053	Iris And Lens Procedures						
053		Pk1	1.6	1,290	497	1,786	1,148
053		Pk2	1.6	1,290	497	1,786	1,148
053		Pk3					
053		Pk4					

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
054 Extraocular Procedures							
054		Pix1	1.3	1,338	584	1,922	1,530
054		Pix2	2.5	1,940	889	2,829	1,132
054		Pix3	9.3	8,308	3,474	11,782	1,262
054		Pix4					
055 Lens Insertion (MNRH)							
055		Pix1	1.0	1,877	608	2,486	2,486
055		Pix2	2.4	2,650	918	3,569	1,487
055		Pix3					
055		Pix4	2.0	5,733	1,410	7,143	3,571
057 Other Ophthalmic Procedures (MNRH)							
057		Pix1	1.0	980	402	1,382	1,382
057		Pix2	3.0	3,640	1,121	4,760	1,587
057		Pix3	2.0	5,716	1,606	7,321	3,661
057		Pix4	9.5	11,497	3,994	15,491	1,631
060 Major Eye Infections							
060		Pix1	3.8	1,881	684	2,565	680
060		Pix2	6.0	3,149	1,316	4,465	744
060		Pix3	12.0	5,960	2,673	8,633	719
060			8.5	5,259	1,533	6,792	799
062	Hyphema		4.2	1,606	645	2,251	533
062		Pix1	4.1	1,439	632	2,070	502
062		Pix2					
062		Pix3	5.0	2,942	753	3,695	739
062		Pix4					
063 Other Ophthalmic Diagnoses (MNRH)							
063		Pix1	3.1	2,186	743	2,928	937
063		Pix2	2.7	1,854	622	2,475	931
063		Pix3	5.0	3,512	1,200	4,712	942
063		Pix4	3.0	1,347	553	1,900	633
063			10.0	12,620	3,965	16,585	1,659

Schedule 1 -- Inpatient Cost Results

CHG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Total Cost	Cost per Day	Costed Cases
PWS - Radical Laryngectomy And Glossectomy								
075			18.1	19,914	9,676	29,590	1,638	49
075		Pk1	14.1	14,175	7,040	21,215	1,504	19
075		Pk2	18.2	20,210	9,861	30,071	1,651	14
075		Pk3	13.4	18,166	8,628	26,794	2,000	5
075		Pk4	35.3	38,666	19,325	57,992	1,644	11
PWS - Major Head And Neck Procedures								
076			10.8	13,069	6,105	19,174	1,771	295
076		Pk1	7.3	8,363	4,106	12,470	1,706	198
076		Pk2	16.9	19,795	10,036	29,830	1,763	25
076		Pk3	16.1	18,255	8,426	26,681	1,659	37
076		Pk4	25.5	34,851	14,413	49,264	1,935	39
Less Extensive Head And Neck Procedures								
077			1.5	1,843	769	2,611	1,746	337
077		Pk1	1.5	1,820	759	2,579	1,744	322
077		Pk2	4.2	5,133	2,330	7,463	1,765	22
077		Pk3	7.8	7,496	3,155	10,651	1,366	5
077		Pk4	17.4	19,886	6,704	26,589	1,526	7
Cleft Lip And Palate Repair								
078			1.7	2,704	1,064	3,768	2,178	226
078		Pk1	1.7	2,679	1,061	3,740	2,169	221
078		Pk2	2.6	4,084	1,436	5,520	2,123	5
078		Pk3	2.2	3,432	1,442	4,874	2,216	5
078		Pk4	2.0	3,355	931	4,286	2,143	1
Salivary Gland Procedures								
081			1.5	2,318	1,009	3,327	2,214	187
081		Pk1	1.5	2,265	973	3,238	2,196	179
081		Pk2	2.4	3,477	1,976	5,453	2,296	8
081		Pk3	5.2	4,382	1,611	5,993	1,152	5
081		Pk4	14.0	11,645	3,809	15,454	1,104	1
Minor Ear, Nose And Throat Procedures								
082			1.9	1,639	755	2,393	1,270	26
082		Pk1	1.5	1,155	571	1,726	1,187	22
082		Pk2	4.8	3,319	1,647	4,966	1,035	5
082		Pk3	1.0	1,626	726	2,352	2,352	1
082		Pk4	10.0	29,966	8,252	38,218	3,822	1

Schedule 1 -- Inpatient Cost Results

CMG	Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
083	Reconstructive ENT Procedures							
	083		Pk1	2.4	3,614	1,363	4,977	606
	083		Pk2	2.3	3,522	1,335	4,857	585
	083		Pk3	4.4	6,001	2,120	8,121	20
	083		Pk4	5.8	7,531	3,107	10,638	4
084	Miscellaneous Ear, Nose And Throat Procedures							
	084		Pk1	2.5	6,042	1,694	7,736	2
	084		Pk2	1.4	1,646	661	2,307	109
	084		Pk3	1.4	1,606	647	2,253	107
085								
	085		Pk1	6.0	7,113	2,636	9,749	5
	085		Pk2	7.8	5,543	2,192	7,735	5
	085		Pk3	12.0	21,866	7,860	29,726	5
086	Mastoid Procedures							
	086		Pk1	1.4	11,115	1,133	12,248	212
	086		Pk2	1.4	11,118	1,128	12,246	206
	086		Pk3	2.3	15,157	1,517	16,674	7
087								
	087		Pk1	31.0	23,655	8,412	32,067	1
	087		Pk2	3.1	2,284	827	3,111	51
	087		Pk3	2.9	2,061	724	2,785	45
088	Other Tonsillar Procedures							
	088		Pk1	1.2	1,448	715	2,163	5
	088		Pk2	5.5	5,098	2,468	7,566	2
	088		Pk3					
089	Sinus Procedures							
	089		Pk1	1.0	1,271	607	1,877	143
	089		Pk2	1.0	1,270	603	1,874	140
	089		Pk3	2.4	3,786	1,220	5,006	5
090	Ethmoidectomy (MNRH)							
	090		Pk1	3.7	3,042	1,470	4,512	6
	090		Pk2	23.2	16,766	6,239	23,005	5
	090		Pk3	1.0	1,343	525	1,868	60
091								
	091		Pk1	1.0	1,345	524	1,869	58
	091		Pk2	1.3	1,605	625	2,230	3
	091		Pk3	1.8	2,115	959	3,074	4

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Cost per Day	Costed Cases
				LOS	Cost				
089	Dental Extraction Or Restoration (MNRH)		1.3	1,623	646	2,269	1,682	126	
089		Pix1	1.3	1,604	639	2,243	1,675	118	
089		Pix2	1.3	1,973	784	2,757	2,068	6	
089		Pix3	1.8	2,730	1,071	3,802	2,112	5	
089		Pix4	15.0	10,699	4,460	15,160	1,011	1	
090	External And Middle Ear Procedures (MNRH)		1.0	1,133	573	1,706	1,706	89	
090		Pix1	1.0	1,133	573	1,706	1,706	89	
090		Pix2	1.0	1,540	532	2,072	2,072	1	
090		Pix3							
090		Pix4							
091	Nasal Procedures (MNRH)		1.0	1,224	479	1,702	1,702	55	
091		Pix1	1.0	1,224	479	1,702	1,702	55	
091		Pix2	1.0	1,588	535	2,123	2,123	1	
091		Pix3							
091		Pix4							
092	Myringotomy (MNRH)		2.7	2,084	996	3,079	1,155	12	
092		Pix1	1.6	1,275	617	1,892	1,204	7	
092		Pix2	3.2	2,728	980	3,708	1,159	5	
092		Pix3	4.0	2,752	1,430	4,182	1,046	3	
092		Pix4							
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		1.0	1,461	576	2,038	2,038	376	
093		Pix1	1.0	1,453	572	2,025	2,025	371	
093		Pix2	2.3	2,706	978	3,683	1,611	7	
093		Pix3	2.8	4,357	1,430	5,788	2,067	5	
093		Pix4	8.8	10,307	3,954	14,262	1,630	4	
100	ENT Malignancy		7.3	4,071	1,482	5,553	759	73	
100		Pix1	4.1	2,264	904	3,167	776	49	
100		Pix2	14.2	7,143	2,605	9,748	686	15	
100		Pix3	20.6	14,348	5,342	19,690	955	8	
100		Pix4	28.8	22,647	7,248	29,894	1,038	5	

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
101	Acute Suppurative Infections		4.0	2,002	859	2,862	721
101		P1x1	3.8	1,894	830	2,724	713
101		P1x2	4.7	2,593	958	3,551	761
101		P1x3	6.0	3,507	1,184	4,691	782
101		P1x4	8.0	2,829	1,505	4,335	542
102	Dysequilibrium		3.9	1,623	572	2,195	556
102		P1x1	3.5	1,473	514	1,987	571
102		P1x2	8.1	3,167	1,091	4,257	525
102		P1x3	4.8	2,323	788	3,111	648
102		P1x4	5.3	1,666	741	2,407	451
104	Influenza		2.8	1,584	654	2,238	803
104		P1x1	2.7	1,398	598	1,995	752
104		P1x2	3.5	1,871	681	2,552	726
104		P1x3	3.5	2,187	914	3,100	886
104		P1x4	5.1	6,474	2,244	8,718	1,709
107	Epiglottitis		2.4	2,251	728	2,978	1,258
107		P1x1	2.2	2,105	670	2,776	1,265
107		P1x2	3.0	2,174	745	2,919	973
107		P1x3					
107		P1x4	5.0	11,230	4,108	15,338	3,068
108	Epistaxis		3.2	1,335	581	1,916	596
108		P1x1	2.9	1,115	494	1,609	563
108		P1x2	5.3	2,630	1,199	3,829	723
108		P1x3	5.0	3,112	1,134	4,246	849
108		P1x4	10.0	5,544	2,582	8,126	813
109	Other ENT Infections		3.2	1,626	725	2,351	726
109		P1x1	2.8	1,330	626	1,956	693
109		P1x2	4.4	2,914	1,104	4,018	909
109		P1x3	3.1	1,952	677	2,630	837
109		P1x4	11.8	7,451	3,075	10,526	892

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
113	Sinusitis (MNRH)		3.5	1,796	616	2,412	680
113		Pk1	3.5	1,729	610	2,340	667
113		Pk2	3.4	2,300	628	2,929	861
113		Pk3	3.6	1,698	729	2,428	674
113		Pk4	2.7	1,798	687	2,485	932
114	Sore Throat (MNRH)		2.3	1,088	438	1,526	652
114		Pk1	2.3	1,024	417	1,441	638
114		Pk2	3.5	2,322	771	3,093	884
114		Pk3	3.7	1,703	713	2,416	653
114		Pk4	7.6	7,323	2,761	10,084	1,327
115	Miscellaneous ENT Diagnoses (MNRH)		1.3	630	256	886	684
115		Pk1	1.3	529	228	757	602
115		Pk2	3.9	3,102	1,069	4,171	1,067
115		Pk3	6.5	4,514	1,624	6,139	948
115		Pk4	7.4	9,275	3,403	12,678	1,719
116	Croup (MNRH)		1.5	1,067	403	1,470	1,006
116		Pk1	1.4	1,058	397	1,455	1,014
116		Pk2	2.8	1,289	721	2,010	718
116		Pk3	3.8	2,744	1,163	3,907	1,028
116		Pk4	6.0	11,098	3,111	14,209	2,368
125	Tracheostomy		51.2	76,832	26,881	103,713	2,025
125		Pk1	11.3	10,397	3,392	13,788	1,223
125		Pk2	38.6	44,765	17,295	62,060	1,608
125		Pk3	17.2	23,110	7,027	30,137	1,752
125		Pk4	54.8	82,655	28,954	111,609	2,036
126	PWS - Resection Of Lung		8.2	8,520	3,187	11,707	1,430
126		Pk1	7.1	7,000	2,568	9,568	1,345
126		Pk2	9.3	8,510	3,281	11,792	1,272
126		Pk3	10.8	10,409	3,806	14,216	1,311
126		Pk4	17.5	23,267	9,153	32,420	1,853

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average		Average		Average Cost per Day	Costed Cases
			LOS	Cost	Direct Cost	Indirect Cost		
127 Major Respiratory Procedures								
127		P1x1	9.3	8,065	2,729	10,794	1,156	948
127		P1x2	6.3	5,039	1,770	6,809	1,077	558
127		P1x3	10.9	8,005	2,708	10,713	987	167
127		P1x4	12.4	8,695	3,094	11,789	952	97
127		P1x4	23.7	27,462	8,682	36,145	1,523	135
128 Minor Respiratory Procedures								
128		P1x1	5.2	6,158	2,258	8,416	1,629	115
128		P1x2	4.0	4,660	1,709	6,369	1,588	85
128		P1x3	8.5	7,565	2,726	10,290	1,216	13
128		P1x4	7.4	6,483	2,408	8,892	1,206	8
128		P1x4	18.5	24,800	9,481	34,281	1,848	11
129 Other Respiratory Procedures								
129		P1x1	2.2	2,702	751	3,454	1,581	395
129		P1x2	1.4	2,286	585	2,872	2,101	330
129		P1x3	7.8	4,946	1,642	6,587	840	19
129		P1x4	13.5	7,155	2,992	10,147	750	21
129		P1x4	22.0	18,510	7,241	25,751	1,170	22
135 Tuberculosis								
135		P1x1	21.6	7,692	3,614	11,306	524	91
135		P1x2	22.5	7,573	3,679	11,253	500	69
135		P1x3	15.0	6,233	2,710	8,943	596	10
135		P1x4	19.1	7,827	3,489	11,316	591	7
135		P1x4	25.6	12,317	4,723	17,040	666	5
136 Respiratory Failure								
136		P1x1	10.3	10,362	3,316	13,677	1,332	501
136		P1x2	7.5	4,901	1,743	6,644	891	126
136		P1x3	8.3	5,856	1,969	7,824	945	103
136		P1x4	8.1	7,028	2,187	9,215	1,132	84
136		P1x4	14.2	18,399	5,699	24,098	1,696	185
137 Respiratory Infections And Inflammations								
137		P1x1	9.2	6,525	2,323	8,848	963	909
137		P1x2	6.9	4,052	1,497	5,548	806	397
137		P1x3	9.7	5,450	2,048	7,499	771	167
137		P1x4	11.3	7,381	2,623	10,004	888	151
137		P1x4	13.9	14,503	4,846	19,349	1,391	207

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
138	Respiratory Neoplasms		10.6	5,573	1,989	7,562	710	975	
138		P1x1	7.7	4,031	1,404	5,435	708	375	
138		P1x2	12.1	5,605	2,043	7,648	633	295	
138		P1x3	13.3	6,695	2,490	9,185	689	183	
138		P1x4	14.1	9,558	3,287	12,845	913	128	
139	Interstitial Disease		8.3	5,257	1,890	7,147	862	251	
139		P1x1	5.6	3,070	1,229	4,299	769	118	
139		P1x2	9.5	4,518	1,700	6,217	654	43	
139		P1x3	10.4	6,101	2,116	8,217	793	61	
139		P1x4	18.7	15,930	5,577	21,507	1,152	36	
140	Chronic Obstructive Pulmonary Disease (COPD)		7.6	3,407	1,262	4,669	616	417	
140		P1x1	6.6	2,704	1,005	3,709	565	226	
140		P1x2	8.2	3,247	1,304	4,550	555	112	
140		P1x3	11.4	5,344	1,964	7,307	643	55	
140		P1x4	19.1	10,210	3,523	13,733	718	42	
141	Pulmonary Edema		6.8	6,362	2,142	8,503	1,256	155	
141		P1x1	4.3	2,888	1,006	3,894	898	68	
141		P1x2	5.9	4,239	1,431	5,670	954	36	
141		P1x3	8.7	6,551	2,215	8,767	1,006	21	
141		P1x4	16.6	22,124	6,713	28,837	1,742	36	
142	Chronic Bronchitis		6.6	3,066	1,103	4,169	627	2,751	
142		P1x1	5.5	2,227	805	3,032	548	1,667	
142		P1x2	7.6	3,217	1,195	4,412	579	626	
142		P1x3	9.9	5,004	1,797	6,801	689	317	
142		P1x4	14.8	10,830	3,831	14,660	993	192	
143	Simple Pneumonia And Pleurisy		5.7	2,977	1,119	4,097	719	5,663	
143		P1x1	4.7	2,118	844	2,962	634	3,767	
143		P1x2	7.3	3,434	1,262	4,696	644	945	
143		P1x3	9.5	5,148	1,907	7,055	741	598	
143		P1x4	13.4	10,995	3,777	14,772	1,106	499	

Schedule 1 -- Inpatient Cost Results

DMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
144	Pneumothorax		4.5	2,412	859	3,271	719
144		Pix1	4.2	2,093	749	2,842	685
144		Pix2	6.3	3,583	1,378	4,961	792
144		Pix3	11.8	7,650	2,468	10,119	861
144		Pix4	14.0	8,288	3,088	11,376	813
145	Tracheobronchitis		3.3	2,067	858	2,925	885
145		Pix1	3.3	2,015	854	2,869	862
145		Pix2	4.9	3,103	1,277	4,380	889
145		Pix3	5.9	4,031	1,505	5,536	931
145		Pix4	15.2	28,239	8,949	37,188	2,439
146	Asthma		2.8	1,614	608	2,222	780
146		Pix1	2.6	1,430	545	1,975	747
146		Pix2	4.4	2,195	879	3,074	899
146		Pix3	5.3	3,745	1,277	5,022	948
146		Pix4	10.5	16,096	4,763	20,858	1,978
147	Other Respiratory Diagnoses		3.8	2,575	905	3,480	926
147		Pix1	3.0	1,856	663	2,519	847
147		Pix2	4.8	2,913	988	3,901	819
147		Pix3	7.5	4,803	1,669	6,472	866
147		Pix4	13.0	17,812	5,559	23,371	1,793
175	PWS - Heart Or Lung Transplant		30.4	52,549	20,435	72,984	2,402
175		Pix1	18.9	32,757	13,646	46,404	2,457
175		Pix2	16.5	33,284	13,066	46,350	2,804
175		Pix3	19.4	33,701	13,239	46,940	2,422
175		Pix4	45.6	74,033	28,922	102,955	2,257
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		23.6	28,460	8,126	36,586	1,550
176		Pix1	15.4	20,345	5,939	26,284	1,705
176		Pix2	19.5	22,502	6,680	29,182	1,499
176		Pix3	26.7	29,496	7,921	37,417	1,402
176		Pix4	32.8	40,956	11,792	52,748	1,610

Schedule 1 -- Inpatient Cost Results

CHC Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		9.3	17,426	5,101	22,527	2,435
177		Pk1	6.7	13,490	3,974	17,464	2,610
177		Pk2	8.9	16,131	4,626	20,757	2,325
177		Pk3	12.2	19,853	5,861	25,715	2,112
177		Pk4	19.7	35,723	10,788	46,511	2,356
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		18.8	21,449	6,765	28,214	1,503
178		Pk1	15.2	16,301	4,823	21,125	1,392
178		Pk2	16.7	17,274	5,680	22,954	1,373
178		Pk3	19.1	21,442	6,545	27,987	1,463
178		Pk4	25.4	33,735	10,545	44,280	1,740
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		8.1	11,726	4,271	15,996	1,983
179		Pk1	5.7	9,262	3,716	12,978	2,258
179		Pk2	7.9	10,978	3,982	14,960	1,887
179		Pk3	9.7	13,699	4,771	18,470	1,900
179		Pk4	16.2	24,652	8,251	32,904	2,033
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		20.1	43,311	14,507	57,818	2,882
181		Pk1	15.4	13,336	4,526	17,862	1,160
181		Pk2	16.4	20,464	6,247	26,711	1,629
181		Pk3	17.2	31,735	11,359	43,094	2,510
181		Pk4	25.0	60,262	20,284	80,546	3,226
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		7.6	14,360	5,344	19,705	2,604
182		Pk1	5.5	10,448	4,008	14,456	2,626
182		Pk2	7.0	12,586	4,583	17,169	2,444
182		Pk3	7.4	14,103	5,146	19,250	2,597
182		Pk4	13.9	28,124	10,340	38,464	2,776
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		11.1	15,776	5,039	20,814	1,874
183		Pk1	7.2	8,037	2,450	10,487	1,454
183		Pk2	13.8	13,875	4,221	18,096	1,316
183		Pk3	8.0	12,082	3,711	15,793	1,965
183		Pk4	13.7	21,177	7,028	28,205	2,061

Schedule 1 -- Inpatient Cost Results

CHG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		10.6	14,506	4,634	19,140	1,798	216
184		Pix1	8.4	9,005	3,204	12,209	1,446	59
184		Pix2	7.8	10,648	3,373	14,020	1,787	45
184		Pix3	10.8	13,478	3,958	17,436	1,615	39
184		Pix4	15.8	24,080	7,565	31,645	2,002	76
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		11.8	29,562	5,266	34,828	2,950	352
185		Pix1	6.9	27,959	4,402	32,361	4,667	122
185		Pix2	10.5	28,876	4,599	33,476	3,191	110
185		Pix3	15.2	30,101	5,888	35,988	2,374	70
185		Pix4	21.2	34,353	7,951	42,304	1,995	48
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		5.3	14,437	2,581	17,018	3,235	1,098
186		Pix1	3.6	13,358	2,186	15,545	4,289	790
186		Pix2	9.4	17,196	3,512	20,708	2,195	179
186		Pix3	11.4	17,896	3,887	21,783	1,909	105
186		Pix4	16.3	22,892	5,465	28,358	1,737	52
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		4.5	8,133	2,121	10,254	2,257	1,936
188		Pix1	3.9	7,665	1,884	9,548	2,474	1,317
188		Pix2	5.5	8,605	2,423	11,028	1,992	403
188		Pix3	7.9	10,000	3,055	13,055	1,656	161
188		Pix4	11.9	15,257	4,911	20,167	1,692	101
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		2.5	6,322	1,497	7,818	3,143	2,321
189		Pix1	1.0	5,528	1,227	6,755	6,755	757
189		Pix2	3.0	6,625	1,601	8,226	2,724	1,249
189		Pix3	6.3	8,381	2,372	10,753	1,697	142
189		Pix4	13.6	16,699	5,761	22,460	1,649	34
191	Temporary Cardiac Pacemaker		7.2	6,935	2,271	9,207	1,274	80
191		Pix1	4.8	4,469	1,374	5,843	1,219	24
191		Pix2	4.4	4,513	1,553	6,065	1,379	10
191		Pix3	6.8	5,991	1,834	7,824	1,153	14
191		Pix4	10.7	10,720	3,376	14,096	1,315	32

Schedule 1 -- Inpatient Cost Results

CHG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
193	Cardiac Pacemaker Device Replacement Or Revision		2.2	10,538	1,476	12,014	5,424
193		Plx1	1.4	9,092	1,261	10,353	7,202
193		Plx2	7.8	20,145	2,605	22,749	2,922
193		Plx3	7.6	19,893	2,547	22,440	2,936
193		Plx4	15.3	15,242	3,220	18,462	1,211
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		2.2	4,057	1,077	5,134	2,356
194		Plx1	1.3	3,197	712	3,909	3,008
194		Plx2	4.7	5,361	1,701	7,062	1,508
194		Plx3	6.5	7,558	2,543	10,101	1,543
194		Plx4	16.5	27,804	9,538	37,342	2,267
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		5.0	6,370	1,961	8,330	1,683
200		Plx1	3.1	3,280	915	4,195	1,348
200		Plx2	4.8	5,227	1,640	6,867	1,433
200		Plx3	4.2	5,519	1,675	7,194	1,706
200		Plx4	7.1	10,396	3,292	13,688	1,915
201	AMI With Cardiac Cath With Congestive Heart Failure		11.5	8,740	3,153	11,894	1,037
201		Plx1	10.8	7,546	2,817	10,363	955
201		Plx2	14.0	10,964	4,057	15,021	1,070
201		Plx3	10.4	8,660	3,057	11,717	1,129
201		Plx4	12.3	14,151	4,026	18,177	1,484
202	AMI With Cardiac Cath With Ventricular Tachycardia		8.5	6,152	2,439	8,590	1,011
202		Plx1	7.5	5,507	1,958	7,465	989
202		Plx2	10.2	8,948	4,251	13,199	1,294
202		Plx3	12.6	6,839	2,571	9,410	747
202		Plx4	13.8	20,544	6,259	26,802	1,949
203	AMI With Cardiac Cath With Angina		9.1	6,034	2,426	8,460	932
203		Plx1	8.3	5,855	2,357	8,212	986
203		Plx2	12.9	6,587	2,590	9,177	710
203		Plx3	9.4	7,593	3,139	10,733	1,142
203		Plx4	19.3	14,131	5,181	19,311	999

Schedule 1 – Inpatient Cost Results

CM0 Code	Description	Complexity Level	Average LOS	Average		Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost		
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		7.9	6,270	2,220	8,490	484
204		Pix1	7.4	5,958	2,106	8,064	422
204		Pix2	8.8	6,476	2,158	8,634	25
204		Pix3	12.2	9,191	3,306	12,496	20
204		Pix4	10.3	10,699	3,587	14,286	12
205	AMI Without Cardiac Cath With Congestive Heart Failure		9.9	6,203	2,134	8,337	421
205		Pix1	8.5	5,022	1,760	6,782	231
205		Pix2	10.3	6,642	2,308	8,950	75
205		Pix3	11.1	7,065	2,342	9,407	68
205		Pix4	17.0	11,841	4,093	15,934	49
206	AMI Without Cardiac Cath With Ventricular Tachycardia		6.4	4,603	1,554	6,157	93
206		Pix1	5.6	3,810	1,295	5,105	59
206		Pix2	7.6	6,066	2,165	8,230	18
206		Pix3	7.7	4,841	1,527	6,368	9
206		Pix4	7.8	7,742	2,331	10,073	6
207	AMI Without Cardiac Cath With Angina		6.7	4,004	1,362	5,366	99
207		Pix1	6.5	3,822	1,283	5,106	86
207		Pix2	8.0	4,373	1,459	5,833	8
207		Pix3	10.0	7,619	2,970	10,589	5
207		Pix4	10.0	4,331	1,868	6,199	3
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		5.3	3,660	1,216	4,877	1,509
208		Pix1	5.3	3,505	1,162	4,667	885
208		Pix2	7.6	4,872	1,639	6,511	82
208		Pix3	7.2	4,906	1,679	6,585	85
208		Pix4	9.8	9,502	3,092	12,595	68
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		9.2	5,472	1,939	7,411	809
210		Pix1	9.0	5,421	1,961	7,382	820
210		Pix2	6.0	2,348	855	3,203	534
210		Pix3	22.5	12,858	5,124	17,983	799
210		Pix4	19.5	18,032	7,025	25,058	1,285

Schedule 1 -- Inpatient Cost Results

CHC Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		8.2	5,241	1,954	7,195	882	122
211		P1x1	8.0	5,120	1,922	7,042	877	113
211		P1x2	8.7	4,614	1,644	6,258	722	6
211		P1x3	9.7	6,362	2,518	8,880	919	3
211		P1x4	23.0	20,107	7,633	27,739	1,206	2
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		5.9	3,516	1,268	4,784	805	74
212		P1x1	5.4	3,246	1,192	4,438	816	59
212		P1x2	6.6	4,299	1,380	5,678	863	12
212		P1x3	13.4	7,342	2,920	10,262	766	5
212		P1x4	9.2	5,540	2,688	8,228	894	5
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		3.9	2,131	748	2,879	731	574
213		P1x1	3.9	2,106	740	2,846	730	545
213		P1x2	6.3	2,746	1,010	3,756	600	27
213		P1x3	7.0	2,895	1,050	3,945	564	5
213		P1x4	10.2	5,499	2,024	7,523	738	5
215	Cardiac Cath With Congestive Heart Failure		12.2	8,834	3,149	11,982	979	339
215		P1x1	10.2	6,494	2,296	8,790	865	224
215		P1x2	14.7	9,251	3,537	12,789	872	38
215		P1x3	16.5	12,285	4,064	16,350	992	35
215		P1x4	20.9	19,661	7,427	27,089	1,296	48
216	Cardiac Cath With Ventricular Tachycardia		8.2	5,997	2,295	8,292	1,016	172
216		P1x1	7.7	5,379	2,057	7,435	963	151
216		P1x2	11.1	7,724	3,132	10,857	980	12
216		P1x3	17.2	14,149	5,488	19,637	1,142	5
216		P1x4	11.6	15,673	5,770	21,443	1,849	5
217	Cardiac Cath With Unstable Angina		6.5	4,733	1,673	6,406	978	476
217		P1x1	6.1	4,498	1,574	6,072	997	431
217		P1x2	9.5	6,928	2,561	9,489	995	28
217		P1x3	13.6	7,214	2,765	9,978	731	14
217		P1x4	16.0	11,348	4,446	15,794	987	5

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
218	Cardiac Cath Without Specified Cardiac Conditions		4.3	3,574	1,144	4,719	1,096	1,003
218		P1x1	4.2	3,438	1,103	4,541	1,083	932
218		P1x2	5.6	4,457	1,368	5,825	1,035	54
218		P1x3	9.8	7,302	2,496	9,798	995	19
218		P1x4	14.7	17,199	5,654	22,853	1,558	6
219	Endocarditis		14.1	7,563	3,011	10,574	748	104
219		P1x1	9.2	4,323	2,059	6,382	697	40
219		P1x2	14.3	7,278	2,714	9,992	698	13
219		P1x3	15.1	7,708	3,048	10,756	713	21
219		P1x4	19.3	11,791	4,346	16,137	837	29
220	Pulmonary Embolism		6.5	3,522	1,213	4,734	730	751
220		P1x1	5.9	2,840	1,000	3,840	653	438
220		P1x2	6.7	3,590	1,208	4,798	715	209
220		P1x3	9.9	5,413	1,961	7,375	748	72
220		P1x4	11.0	10,138	3,531	13,669	1,248	44
222	Heart Failure		8.4	3,939	1,442	5,382	641	3,152
222		P1x1	6.9	2,962	1,094	4,056	590	1,949
222		P1x2	9.5	4,143	1,535	5,678	598	559
222		P1x3	12.4	5,735	2,109	7,843	633	356
222		P1x4	18.8	11,400	4,113	15,513	826	351
225	Hypertensive Heart Disease		7.7	3,565	1,233	4,798	625	119
225		P1x1	5.8	2,623	903	3,526	608	75
225		P1x2	8.7	3,513	1,285	4,798	549	19
225		P1x3	12.3	6,683	2,229	8,911	727	16
225		P1x4	17.6	8,127	2,826	10,952	621	11
226	Other Circulatory Diagnoses		5.7	3,545	1,214	4,759	834	872
226		P1x1	4.4	2,521	856	3,377	772	560
226		P1x2	7.4	4,089	1,446	5,535	747	157
226		P1x3	9.8	5,690	2,025	7,715	791	104
226		P1x4	14.5	13,332	4,561	17,893	1,235	69

Schedule 1 -- Inpatient Cost Results

CHG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
229	Atherosclerosis (MNRH)		6.2	3,197	1,101	4,299	699
229		P1x1	5.7	2,924	993	3,916	692
229		P1x2	8.1	4,436	1,544	5,980	736
229		P1x3	12.4	6,131	2,314	8,445	680
229		P1x4	13.8	9,023	3,395	12,418	900
232	Acquired Valvular Disorders (MNRH)		8.5	3,876	1,461	5,337	628
232		P1x1	7.3	2,980	1,107	4,087	562
232		P1x2	11.9	5,434	2,135	7,569	637
232		P1x3	6.5	3,341	1,164	4,506	688
232		P1x4	17.6	10,809	3,850	14,659	833
233	Hypertension (MNRH)		4.1	2,028	722	2,750	663
233		P1x1	3.4	1,571	563	2,134	637
233		P1x2	6.2	2,846	1,021	3,867	619
233		P1x3	9.6	4,069	1,519	5,588	583
233		P1x4	14.9	12,461	3,917	16,378	1,099
234	Congenital Cardiac Disorders (MNRH)		5.0	5,877	1,754	7,630	1,541
234		P1x1	3.1	2,605	833	3,439	1,105
234		P1x2	4.3	3,472	1,137	4,608	1,075
234		P1x3	11.5	8,014	2,646	10,660	927
234		P1x4	10.0	23,617	6,295	29,912	2,991
235	Angina Pectoris		3.5	1,825	651	2,476	710
235		P1x1	3.4	1,788	632	2,420	712
235		P1x2	5.4	2,461	953	3,414	628
235		P1x3	8.9	4,022	1,408	5,430	610
235		P1x4	2.0	1,474	508	1,982	991
237	Arrhythmia		5.0	2,651	897	3,548	716
237		P1x1	4.1	2,134	721	2,855	704
237		P1x2	7.1	3,391	1,173	4,564	647
237		P1x3	10.4	5,858	1,964	7,822	754
237		P1x4	12.9	9,492	3,034	12,526	972

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
240	Syncope And Collapse		4.2	1,926	673	2,599	619
240		Plx1	4.1	1,845	648	2,493	612
240		Plx2	5.1	2,488	836	3,324	651
240		Plx3	9.3	4,067	1,598	5,664	611
240		Plx4	13.9	6,921	2,905	9,825	707
242	Chest Pain		2.7	1,606	521	2,127	779
242		Plx1	2.6	1,569	508	2,076	785
242		Plx2	4.4	2,265	777	3,042	698
242		Plx3	5.8	3,116	1,064	4,179	723
242		Plx4	8.0	4,223	1,787	6,010	751
250	Extensive Gastrointestinal Procedures		18.6	19,171	7,459	26,630	1,432
250		Plx1	13.3	12,459	5,434	17,893	1,340
250		Plx2	14.5	13,666	5,144	18,811	1,295
250		Plx3	17.4	14,140	5,543	19,683	1,130
250		Plx4	30.4	35,301	13,662	48,963	1,612
251	Gastrostomy And Colostomy Procedures		17.2	13,973	5,279	19,252	1,121
251		Plx1	11.4	7,568	3,100	10,668	935
251		Plx2	14.0	9,548	3,753	13,301	950
251		Plx3	17.1	11,973	4,604	16,577	969
251		Plx4	30.4	29,053	10,376	39,429	1,297
252	Major Esophageal, Stomach And Duodenum Procedures		14.0	10,700	4,627	15,327	1,095
252		Plx1	11.4	7,816	3,524	11,340	999
252		Plx2	13.5	9,035	4,328	13,363	992
252		Plx3	19.5	14,211	5,586	19,798	1,014
252		Plx4	27.2	26,016	10,518	36,533	1,345
253	Major Intestinal And Rectal Procedures		10.1	6,897	2,768	9,665	961
253		Plx1	8.6	5,579	2,326	7,905	922
253		Plx2	11.4	7,458	2,939	10,397	912
253		Plx3	13.0	8,799	3,493	12,292	946
253		Plx4	20.0	16,777	6,103	22,879	1,145

Schedule 1 -- Inpatient Cost Results

Schedule 1 -- Inpatient Cost Results									
CMG	Code Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases	
				Direct Cost	Cost				
255	Less Extensive Esophageal, Stomach And Duodenum Procedures	Plx1	5.8	4,668	1,813	6,481	1,116	1,017	
255			4.9	3,712	1,494	5,206	1,069	822	
255			7.9	5,930	2,341	8,271	1,041	73	
255			13.6	10,085	3,670	13,754	1,011	72	
255			18.0	19,644	6,537	26,181	1,451	89	
258	Laparotomy	Plx1	7.3	4,905	1,962	6,867	939	984	
258			5.9	3,734	1,583	5,317	903	684	
258			9.3	5,786	2,382	8,168	874	111	
258			11.4	7,507	2,883	10,390	913	93	
258			15.8	15,260	5,286	20,546	1,296	112	
260	Less Extensive Intestinal And Rectal Procedures	Plx1	5.0	3,975	1,517	5,493	1,090	74	
260			4.4	3,582	1,398	4,980	1,138	53	
260			7.2	6,009	2,141	8,150	1,129	9	
260			6.1	3,704	1,586	5,290	864	8	
260			12.1	6,340	2,117	8,458	697	7	
261	Complicated Appendectomy	Plx1	4.6	3,165	1,195	4,360	942	1,074	
261			4.3	2,894	1,103	3,997	933	924	
261			6.4	4,706	1,686	6,392	995	85	
261			8.7	6,078	2,132	8,211	944	63	
261			10.7	8,925	2,956	11,880	1,109	24	
262	Simple Appendectomy	Plx1	2.3	1,926	722	2,648	1,132	2,307	
262			2.3	1,886	711	2,597	1,130	2,219	
262			4.0	3,046	1,065	4,111	1,017	72	
262			4.5	3,698	1,284	4,982	1,104	35	
262			9.8	6,122	2,034	8,157	831	11	
264	Minor Gastrointestinal Procedures	Plx1	3.1	2,671	1,170	3,842	1,246	109	
264			2.8	2,543	1,150	3,693	1,301	93	
264			6.5	4,643	1,671	6,315	966	13	
264			4.3	3,711	1,348	5,059	1,167	6	
264			30.2	37,518	12,290	49,808	1,649	5	

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost		Average Indirect Cost		Average Cost per Day	Costed Cases
				Cost	Cost	Cost	Cost		
265	Abdominal Laparoscopy		3.1	2,187	781	2,969	947	112	
265		Pk1	2.8	2,079	733	2,812	990	106	
265		Pk2	4.4	2,535	1,419	3,954	899	5	
265		Pk3	11.8	8,587	3,289	11,876	1,006	5	
265		Pk4	10.6	7,197	2,941	10,138	956	5	
266	Anus And Stomal Procedures (MNRH)		2.2	1,650	638	2,288	1,028	786	
266		Pk1	2.1	1,579	609	2,187	1,042	721	
266		Pk2	4.7	2,989	1,130	4,119	869	66	
266		Pk3	8.5	5,251	1,723	6,973	818	17	
266		Pk4	20.0	12,341	4,570	16,911	846	9	
269	Bilateral Hernia Procedures		2.4	2,077	855	2,932	1,239	1,669	
269		Pk1	2.3	1,994	828	2,822	1,248	1,575	
269		Pk2	5.1	3,796	1,429	5,225	1,031	76	
269		Pk3	6.8	5,047	1,851	6,898	1,021	33	
269		Pk4	10.5	7,068	2,662	9,730	927	22	
271	Unilateral Hernia Procedures (MNRH)		1.6	1,663	697	2,360	1,450	295	
271		Pk1	1.6	1,586	667	2,253	1,410	286	
271		Pk2	4.9	3,116	1,206	4,322	884	9	
271		Pk3	8.5	7,329	2,685	10,015	1,178	8	
271		Pk4	13.7	8,358	2,718	11,076	808	7	
279	Digestive System Malignancy		8.5	4,307	1,482	5,789	681	541	
279		Pk1	6.6	3,041	1,080	4,121	624	265	
279		Pk2	9.2	4,638	1,594	6,232	677	157	
279		Pk3	13.4	6,649	2,297	8,946	668	73	
279		Pk4	11.1	7,513	2,378	9,891	891	48	
281	G.I. Hemorrhage		4.4	2,255	772	3,026	693	1,829	
281		Pk1	3.8	1,809	622	2,430	644	1,302	
281		Pk2	5.5	2,704	939	3,644	662	316	
281		Pk3	7.5	3,997	1,375	5,372	716	144	
281		Pk4	12.4	9,239	3,202	12,441	1,006	106	

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
285	Complicated Ulcer		4.8	2,356	855	3,211	670	119
285		Pix1	4.3	1,951	722	2,674	625	65
285		Pix2	4.3	1,919	764	2,883	624	40
285		Pix3	8.2	4,897	1,544	6,441	786	10
285		Pix4	24.5	13,234	4,301	17,535	716	6
286	Uncomplicated Ulcer		3.7	1,705	587	2,292	618	192
286		Pix1	3.5	1,586	544	2,130	601	138
286		Pix2	4.1	1,816	596	2,412	594	48
286		Pix3	7.6	4,841	1,721	6,562	861	8
286		Pix4	42.0	14,580	6,874	21,454	511	5
289	Inflammatory Bowel Disease		5.5	2,295	852	3,147	575	858
289		Pix1	5.3	2,143	798	2,941	559	641
289		Pix2	5.6	2,476	881	3,358	596	156
289		Pix3	8.8	3,734	1,453	5,186	586	58
289		Pix4	18.4	11,053	4,143	15,196	827	24
290	G.I. Obstruction		4.4	1,917	732	2,649	602	1,698
290		Pix1	3.9	1,886	648	2,334	597	1,463
290		Pix2	6.9	2,975	1,093	4,068	587	141
290		Pix3	9.2	4,389	1,743	6,131	667	56
290		Pix4	13.9	7,410	2,812	10,222	733	37
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3.3	1,525	570	2,095	627	7,351
294		Pix1	3.1	1,397	525	1,922	613	6,216
294		Pix2	5.0	2,313	867	3,180	632	808
294		Pix3	6.3	3,160	1,148	4,308	680	372
294		Pix4	13.3	7,380	2,641	10,021	751	158
297	Other G.I. Diagnoses		3.9	2,004	730	2,735	702	1,400
297		Pix1	3.5	1,754	645	2,399	678	1,053
297		Pix2	4.8	2,502	919	3,421	719	241
297		Pix3	9.5	5,081	1,919	6,999	739	84
297		Pix4	13.1	10,326	3,747	14,073	1,073	79

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average		Average		Average Indirect Cost	Cost per Day	Costed Cases
			Average LOS	Direct Cost	Direct Cost	Average Cost			
310	PWS - Liver Transplant		21.7	37,476	18,026	55,503	2,555	89	
310		P1x1	12.4	19,904	11,046	30,951	2,503	11	
310		P1x2	13.0	22,550	12,446	34,996	2,692	5	
310		P1x3	14.9	24,301	12,406	36,707	2,460	13	
310		P1x4	29.4	49,963	23,013	72,976	2,482	63	
311	Major Pancreatic Procedures		17.6	14,723	6,267	20,989	1,190	298	
311		P1x1	12.7	9,351	4,393	13,744	1,082	125	
311		P1x2	14.0	11,249	4,761	16,010	1,145	55	
311		P1x3	17.2	12,604	5,915	18,519	1,080	52	
311		P1x4	39.8	37,109	14,099	51,208	1,285	75	
312	Major Hepatobiliary Procedures		9.2	8,411	4,009	12,420	1,355	221	
312		P1x1	8.0	7,273	3,719	10,992	1,368	135	
312		P1x2	10.0	8,681	3,648	12,329	1,237	27	
312		P1x3	8.6	9,218	4,158	13,376	1,551	32	
312		P1x4	22.3	23,596	10,050	33,646	1,509	34	
313	Common Duct Exploration		9.6	7,441	2,672	10,113	1,049	109	
313		P1x1	7.5	5,230	2,053	7,283	965	57	
313		P1x2	10.1	7,258	2,716	9,974	985	24	
313		P1x3	14.4	11,462	3,903	15,365	1,070	14	
313		P1x4	16.1	16,150	4,468	20,618	1,279	16	
314	Other Hepatobiliary And Pancreatic Procedures		10.1	7,479	2,662	10,141	1,004	190	
314		P1x1	7.0	4,900	1,805	6,705	962	102	
314		P1x2	11.2	7,382	2,438	9,820	878	22	
314		P1x3	13.9	8,246	3,333	11,579	835	29	
314		P1x4	18.0	15,436	5,309	20,745	1,154	41	
315	Cholecystectomy		7.5	5,643	2,207	7,849	1,041	366	
315		P1x1	6.2	4,428	1,868	6,295	1,011	241	
315		P1x2	8.2	5,879	2,382	8,261	1,009	48	
315		P1x3	10.5	7,583	2,826	10,409	990	43	
315		P1x4	16.0	13,889	4,479	18,368	1,145	42	

Schedule 1 – Inpatient Cost Results

CWG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
317	Laparoscopic Cholecystectomy		2.6	2,160	901	3,061	1,199
317		Pix1	2.4	2,075	862	2,937	1,234
317		Pix2	4.9	3,252	1,354	4,606	935
317		Pix3	8.2	4,888	1,915	6,803	834
317		Pix4	11.8	9,303	3,435	12,738	1,080
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		11.0	8,564	3,261	11,825	1,075
320		Pix1	8.0	5,031	2,158	7,189	895
320		Pix2	9.1	6,446	2,676	9,122	1,008
320		Pix3	13.1	9,217	3,721	12,939	991
320		Pix4	21.3	25,750	8,488	34,238	1,604
323	Cirrhosis And Alcoholic Hepatitis		8.8	5,298	1,784	7,083	809
323		Pix1	5.4	2,287	862	3,149	583
323		Pix2	7.6	3,476	1,257	4,733	624
323		Pix3	9.9	4,828	1,785	6,613	665
323		Pix4	13.8	10,949	3,535	14,484	1,046
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		9.3	4,379	1,551	5,930	639
324		Pix1	7.8	3,552	1,230	4,781	613
324		Pix2	8.5	3,851	1,385	5,236	613
324		Pix3	11.3	5,438	1,963	7,401	653
324		Pix4	12.3	6,684	2,310	8,994	734
325	Pancreas Diseases Except Malignancy		5.1	2,197	798	2,995	591
325		Pix1	4.3	1,767	658	2,426	561
325		Pix2	6.4	2,677	969	3,646	572
325		Pix3	9.2	4,396	1,631	6,027	657
325		Pix4	16.2	12,705	4,054	16,759	1,037
326	Liver Diseases Except Cirrhosis Or Cancer		7.0	4,447	1,582	6,029	864
326		Pix1	5.1	2,395	884	3,279	647
326		Pix2	6.2	3,257	1,210	4,467	718
326		Pix3	9.2	4,309	1,581	5,890	641
326		Pix4	12.4	12,341	4,349	16,690	1,347

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
329	Biliary Tract Diseases		4.1	2,011	747	2,758	677	854
329		Plx1	3.4	1,632	616	2,248	669	601
329		Plx2	5.6	2,786	1,021	3,807	686	105
329		Plx3	5.7	2,875	1,048	3,923	685	101
329		Plx4	10.4	5,571	2,098	7,670	737	56
350	Multiple Or Bilateral Joint Replacement		11.0	11,668	3,392	15,060	1,369	64
350		Plx1	8.3	9,518	2,964	12,483	1,496	29
350		Plx2	8.8	12,025	2,973	14,998	1,702	16
350		Plx3	16.0	14,610	4,773	19,383	1,211	10
350		Plx4	36.6	23,221	7,261	30,481	832	11
351	Joint Replacement For Trauma		11.1	7,881	2,723	10,604	952	1,002
351		Plx1	9.1	6,456	2,285	8,741	963	612
351		Plx2	13.5	9,139	2,980	12,119	895	169
351		Plx3	18.1	11,221	3,749	14,969	828	112
351		Plx4	23.6	15,368	5,555	20,923	888	143
352	Hip Replacement		6.6	7,464	1,940	9,404	1,435	2,312
352		Plx1	6.4	7,208	1,914	9,122	1,420	1,728
352		Plx2	7.2	8,189	1,956	10,145	1,419	483
352		Plx3	9.7	9,523	2,608	12,131	1,247	125
352		Plx4	14.3	12,541	3,748	16,289	1,143	70
354	Knee Replacement		6.3	6,382	1,840	8,221	1,297	2,849
354		Plx1	6.1	6,110	1,792	7,903	1,299	2,242
354		Plx2	7.2	7,386	1,920	9,306	1,286	429
354		Plx3	8.6	7,681	2,336	10,017	1,167	141
354		Plx4	10.4	9,579	2,919	12,499	1,198	79
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		11.7	8,473	3,361	11,833	1,008	53
355		Plx1	6.5	4,869	1,974	6,843	1,050	25
355		Plx2	13.0	8,712	3,612	12,323	948	10
355		Plx3	18.2	12,984	4,390	17,374	956	6
355		Plx4	37.0	31,400	10,500	41,900	1,132	16

Schedule 1 -- Inpatient Cost Results

CMIC Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
356	Repair Hip And Femur Procedures		7.0	6,200	2,483	8,682	1,235
356		Pix1	4.7	4,616	1,932	6,549	1,379
356		Pix2	10.4	8,188	3,122	11,310	1,083
356		Pix3	17.6	11,634	4,453	16,087	912
356		Pix4	23.6	14,560	5,744	20,303	860
358	Lower Extremity Procedures With Infection		7.5	5,330	2,380	7,710	1,030
358		Pix1	6.2	4,336	2,088	6,424	1,030
358		Pix2	7.9	6,006	2,379	8,385	1,063
358		Pix3	14.7	9,384	3,867	13,252	901
358		Pix4	31.8	25,591	10,490	36,081	1,134
359	Upper Extremity Procedures With Infection		5.1	4,145	2,069	6,214	1,208
359		Pix1	4.5	3,299	1,849	5,147	1,150
359		Pix2	7.8	7,193	2,803	9,997	1,290
359		Pix3	8.0	9,455	3,556	13,011	1,626
359		Pix4	19.8	18,138	6,768	24,906	1,258
360	Upper Extremity Amputations And Revisions		8.4	4,921	2,049	6,970	830
360		Pix1	5.2	3,188	1,324	4,512	872
360		Pix2	10.6	6,048	2,463	8,511	802
360		Pix3	7.4	5,733	3,215	8,948	1,209
360		Pix4	32.8	20,756	6,893	27,649	843
361	Musculoskeletal Biopsy For Malignancy		12.7	9,356	3,278	12,634	996
361		Pix1	6.8	4,680	1,686	6,366	932
361		Pix2	23.9	13,928	5,150	19,078	799
361		Pix3	13.0	15,530	5,557	21,087	1,622
361		Pix4	34.5	25,007	8,269	33,276	965
362	Musculoskeletal Biopsy Without Malignancy		17.0	9,869	3,577	13,446	793
362		Pix1	10.4	5,416	1,867	7,283	701
362		Pix2	18.8	9,185	3,333	12,518	667
362		Pix3	27.2	14,495	5,042	19,537	718
362		Pix4	33.4	30,899	10,803	41,703	1,250

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
363 Back And Neck Procedures With Fusion							
363		Pix1	5.5	7,732	2,292	10,024	1,818
363		Pix2	4.7	6,604	1,948	8,552	1,827
363		Pix3	7.5	10,391	3,062	13,452	1,786
363		Pix4	9.8	12,524	3,477	16,002	1,633
363		Pix4	21.4	26,882	7,876	34,758	1,627
365 Back And Neck Procedures Without Fusion							
365		Pix1	2.9	3,014	1,140	4,155	1,441
365		Pix2	2.8	2,917	1,113	4,030	1,464
365		Pix3	6.7	5,496	1,852	7,348	1,099
365		Pix4	7.6	6,030	2,076	8,106	1,063
365		Pix4	14.4	10,214	3,807	14,021	971
367 Shoulder Arthroplasty							
367		Pix1	3.6	5,422	1,453	6,874	1,906
367		Pix2	3.6	5,339	1,430	6,769	1,879
367		Pix3	3.7	6,464	1,953	8,416	2,295
367		Pix4	6.0	6,511	1,429	7,940	1,323
367		Pix4	3.5	6,971	1,480	8,451	2,414
368 Major Hip And Knee Procedures							
368		Pix1	3.9	4,057	1,642	5,699	1,449
368		Pix2	3.2	3,539	1,423	4,962	1,549
368		Pix3	5.8	5,802	2,236	8,038	1,378
368		Pix4	9.6	7,338	3,620	11,557	1,204
368		Pix4	7.3	5,141	2,103	7,245	988
369 Major Lower Extremity Procedures							
369		Pix1	3.1	3,498	1,273	4,771	1,560
369		Pix2	3.0	3,360	1,219	4,579	1,547
369		Pix3	5.9	6,298	2,384	8,682	1,480
369		Pix4	5.8	6,072	2,250	8,322	1,443
369		Pix4	22.8	18,137	5,889	24,025	1,054
372 Major Upper Extremity Procedures							
372		Pix1	1.8	2,678	969	3,647	2,063
372		Pix2	1.8	2,657	965	3,622	2,065
372		Pix3	9.3	6,196	2,561	8,757	938
372		Pix4	7.6	9,091	2,365	11,457	1,507
372		Pix4	102.8	44,947	17,412	62,359	607

Schedule 1 – Inpatient Cost Results

OHG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
374	Minor Lower Extremity Procedures		1.7	2,290	874	3,164	1,823	787
374		Pix1	1.7	2,265	866	3,131	1,821	770
374		Pix2	4.1	4,254	1,535	5,789	1,408	27
374		Pix3	7.0	5,456	1,933	7,390	1,056	5
374		Pix4	32.5	31,512	14,530	46,041	1,417	2
375	Minor Upper Extremity Procedures		1.4	1,962	702	2,664	1,953	1,014
375		Pix1	1.4	1,954	698	2,652	1,962	1,001
375		Pix2	2.4	2,400	983	3,383	1,400	12
375		Pix3	2.8	2,182	944	3,126	1,116	5
375		Pix4	3.6	4,036	1,136	5,172	1,437	5
376	Miscellaneous Musculoskeletal Procedures		3.1	5,076	1,985	7,061	2,294	231
376		Pix1	2.8	4,272	1,707	5,979	2,172	198
376		Pix2	4.3	8,431	2,878	11,309	2,620	19
376		Pix3	5.8	13,191	5,940	19,131	3,280	6
376		Pix4	7.0	13,042	4,418	17,460	2,494	8
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		7.0	5,551	2,215	7,765	1,116	474
377		Pix1	5.0	4,127	1,632	5,759	1,157	342
377		Pix2	10.4	7,357	3,189	10,545	1,010	70
377		Pix3	14.7	9,805	3,975	13,779	939	40
377		Pix4	29.8	25,093	9,233	34,326	1,151	33
378	Soft Tissue Procedures (MNRH)		2.2	2,669	1,007	3,676	1,651	212
378		Pix1	2.1	2,572	972	3,545	1,667	197
378		Pix2	5.0	4,242	1,598	5,840	1,168	16
378		Pix3	15.0	10,967	3,979	14,946	996	3
378		Pix4	6.3	11,203	3,427	14,630	2,310	3
379	Other Musculoskeletal Procedures (MNRH)		1.7	1,831	753	2,584	1,516	732
379		Pix1	1.7	1,800	745	2,545	1,508	714
379		Pix2	3.6	3,521	1,241	4,762	1,310	22
379		Pix3	6.2	4,786	2,138	6,925	1,117	5
379		Pix4	13.0	12,184	3,843	16,027	1,233	5

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity		Average LOS	Average		Average Indirect Cost	Average Direct Cost	Cost per Day	Costed Cases
		Level	LOS		Cost	Cost				
380 Other Lower Extremity Procedures (MNRH)										
380		Pix1	1.5	1,639	654	2,293	1,486	526		
380		Pix2	1.5	1,625	646	2,271	1,485	514		
380		Pix3	2.4	2,671	1,018	3,689	1,553	8		
380		Pix3	6.8	3,568	2,103	5,671	834	5		
380		Pix4	2.0	1,353	624	1,978	989	1		
381 Hand And Wrist Procedures (MNRH)										
381		Pix1	1.0	1,905	617	2,523	2,523	118		
381		Pix2	2.6	3,207	1,023	4,231	1,627	5		
381		Pix3								
381		Pix4								
382 Arthroscopy (MNRH)										
382		Pix1	3.1	2,123	826	2,949	941	15		
382		Pix2	1.1	1,128	449	1,577	1,445	11		
382		Pix2	10.5	6,508	3,013	9,521	907	2		
382		Pix3								
382		Pix4	19.0	12,766	6,690	19,456	1,024	2		
383 PWS - Joint Replacement For Malignancy										
383		Pix1	11.8	11,855	3,757	15,612	1,319	31		
383		Pix2	9.3	8,726	3,684	12,410	1,333	13		
383		Pix2	12.5	12,573	3,423	15,996	1,280	12		
383		Pix3	11.4	13,967	4,218	18,186	1,595	5		
383		Pix4	31.0	21,329	7,266	28,596	922	5		
384 PWS - Back And Neck Procedures For Malignancy										
384		Pix1	17.5	18,145	5,069	23,214	1,327	54		
384		Pix1	10.8	11,334	2,867	14,201	1,313	16		
384		Pix2	14.4	15,007	4,568	19,576	1,363	14		
384		Pix3	14.7	17,880	5,344	23,224	1,578	7		
384		Pix4	27.5	27,249	7,440	34,688	1,260	17		
385 PWS - Major Orthopaedic Oncology Procedures										
385		Pix1	5.2	5,876	2,396	8,272	1,605	46		
385		Pix2	4.5	4,884	2,240	7,124	1,588	39		
385		Pix2	9.7	9,714	2,966	12,680	1,305	7		
385		Pix3	8.5	9,076	3,902	12,978	1,527	2		
385		Pix4	32.0	45,731	20,840	66,571	2,080	6		

Schedule 1 -- Inpatient Cost Results

CMAA Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
386	Other Orthopaedic Oncology Procedures		4.7	4,925	2,081	7,006	1,487	59
386		Pix1	3.8	4,055	1,754	5,809	1,542	47
386		Pix2	8.3	7,173	2,908	10,080	1,222	8
386		Pix3	11.0	10,764	4,295	15,058	1,369	5
386		Pix4						
391	Secondary Neoplasms And Pathological Fractures		13.5	6,561	2,336	8,897	659	549
391		Pix1	10.8	4,405	1,630	6,035	561	308
391		Pix2	15.5	7,079	2,493	9,572	617	115
391		Pix3	20.6	9,808	3,460	13,267	643	71
391		Pix4	24.0	15,227	5,510	20,736	863	67
392	Osteomyelitis		8.9	5,013	2,158	7,171	808	121
392		Pix1	7.2	3,917	1,730	5,647	786	70
392		Pix2	10.6	5,951	2,517	8,468	800	17
392		Pix3	10.3	6,282	2,486	8,768	850	22
392		Pix4	19.9	9,933	4,287	14,219	716	14
393	Rheumatoid Arthritis		9.1	5,351	1,986	7,336	806	142
393		Pix1	6.8	3,560	1,306	4,867	717	86
393		Pix2	12.8	5,584	2,203	7,787	610	21
393		Pix3	14.9	7,154	2,960	10,115	679	18
393		Pix4	24.4	20,317	7,937	28,254	1,158	22
394	Septic Arthritis		6.4	2,900	1,063	3,963	615	59
394		Pix1	5.1	2,121	806	2,927	577	41
394		Pix2	15.6	8,790	2,793	11,583	743	5
394		Pix3	7.6	3,870	1,430	5,300	700	7
394		Pix4	36.0	16,423	6,090	22,513	625	12
397	Non-Inflammatory Arthritis		10.2	4,621	1,541	6,163	603	126
397		Pix1	7.6	3,157	1,142	4,299	565	82
397		Pix2	9.2	6,162	1,715	7,876	860	25
397		Pix3	21.8	8,778	3,114	11,892	547	8
397		Pix4	38.0	16,355	4,909	21,264	560	6

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
398	Other Inflammatory Arthritis		5.8	3,087	1,081	4,169	720	505
398		Plx1	4.4	2,054	713	2,767	636	345
398		Plx2	8.6	3,653	1,286	4,939	572	58
398		Plx3	7.9	4,009	1,545	5,554	701	61
398		Plx4	16.7	15,203	4,726	19,929	1,196	50
399	Orthopaedic Aftercare		6.7	3,234	1,257	4,491	670	315
399		Plx1	4.9	2,331	921	3,252	663	244
399		Plx2	12.3	5,895	2,430	8,325	680	36
399		Plx3	11.2	4,986	1,941	6,927	618	15
399		Plx4	21.3	11,047	4,074	15,121	710	24
401	Other Musculoskeletal Malignancies		7.4	5,155	1,791	6,946	939	45
401		Plx1	5.4	3,985	1,398	5,383	990	25
401		Plx2	12.4	6,083	2,417	8,500	687	8
401		Plx3	6.5	4,977	1,406	6,384	982	8
401		Plx4	14.4	12,577	4,237	16,814	1,168	5
402	Disc Disease		7.2	2,765	987	3,751	518	504
402		Plx1	6.4	2,381	844	3,225	506	427
402		Plx2	12.2	4,796	1,701	6,498	532	48
402		Plx3	17.6	6,913	2,621	9,535	541	19
402		Plx4	30.2	14,095	5,592	19,687	652	21
404	Other Musculoskeletal Infections		2.4	1,495	1,121	2,616	1,090	5
404		Plx1	2.4	1,495	1,121	2,616	1,090	5
404		Plx2						
404		Plx3						
404		Plx4						
407	Other Musculoskeletal Disorders		3.7	2,448	919	3,367	905	64
407		Plx1	3.2	1,964	716	2,680	831	53
407		Plx2	7.6	3,648	1,667	5,315	697	8
407		Plx3	7.0	4,769	1,838	6,607	944	3
407		Plx4	3.0	6,377	1,871	8,248	2,749	3

Schedule 1 -- Inpatient Cost Results

CME Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
409	Back Pain (MNRH)		4.3	1,737	590	2,327	536	418
409		P1x1	4.1	1,595	548	2,143	523	380
409		P1x2	10.0	4,057	1,355	5,412	541	33
409		P1x3	12.1	6,224	2,066	8,291	687	14
409		P1x4	21.1	10,608	3,347	13,955	661	9
411	Signs, Symptoms And Deformities (MNRH)		4.2	2,013	716	2,729	650	354
411		P1x1	3.9	1,881	665	2,546	661	301
411		P1x2	8.0	3,390	1,235	4,624	578	34
411		P1x3	5.8	2,778	988	3,767	645	19
411		P1x4	12.0	5,268	2,200	7,468	622	6
413	Joint Derangements (MNRH)		3.7	1,607	620	2,227	597	63
413		P1x1	3.3	1,470	560	2,030	613	55
413		P1x2	7.4	2,502	911	3,413	461	5
413		P1x3	3.2	1,161	394	1,555	486	5
413		P1x4						
414	Sprains Strains And Minor Injuries (MNRH)		3.9	1,686	639	2,325	598	110
414		P1x1	3.7	1,591	600	2,191	599	102
414		P1x2	4.0	1,765	719	2,484	621	5
414		P1x3	4.2	2,641	1,076	3,717	885	5
414		P1x4	15.5	9,469	3,105	12,574	811	2
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		4.2	4,069	1,790	5,860	1,395	342
425		P1x1	3.5	3,235	1,449	4,683	1,332	294
425		P1x2	8.0	8,098	3,469	11,567	1,453	27
425		P1x3	8.2	10,683	4,353	15,036	1,839	17
425		P1x4	29.1	22,755	10,954	33,709	1,158	9
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		22.2	12,108	5,186	17,294	780	304
427		P1x1	15.5	7,734	3,442	11,176	722	181
427		P1x2	27.2	13,988	5,680	19,668	722	37
427		P1x3	26.6	14,771	6,671	21,442	807	39
427		P1x4	56.9	35,454	14,238	49,692	873	57

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
428 Breast Procedures Except Biopsy And Local Excision Without Malignancy								
428		Pk1	1.2	2,139	833	2,972	2,496	871
428		Pk2	5.0	7,373	2,708	10,081	2,016	854
428		Pk3	5.3	8,413	2,832	11,245	2,122	29
428		Pk4	9.4	12,840	4,584	17,424	1,854	10
429 Total Mastectomy For Breast Malignancy								
429		Pk1	2.0	2,422	933	3,356	1,648	5
429		Pk2	1.7	2,056	807	2,863	1,640	1,104
429		Pk3	5.2	6,738	2,156	8,894	1,712	1,007
429		Pk4	5.4	6,794	2,765	9,560	1,761	46
429		Pk4	6.0	9,407	2,977	12,384	2,064	14
432 Subtotal Mastectomy And Other Breast Procedures For Malignancy								
432		Pk1	1.5	1,989	699	2,688	1,805	5
432		Pk2	1.5	1,972	694	2,666	1,807	923
432		Pk3	2.7	3,008	1,071	4,078	1,529	907
432		Pk3	5.6	3,268	1,375	4,643	829	15
432		Pk4	17.0	10,870	4,525	15,394	906	5
434 Breast Biopsy And Local Excision Without Malignancy								
434		Pk1	1.0	1,174	416	1,590	1,590	33
434		Pk2	1.0	1,174	416	1,590	1,590	33
434		Pk3	2.8	2,121	715	2,836	1,013	5
434		Pk4						
435 Perianal And Pilonidal Cyst Procedures								
435		Pk1	1.5	1,157	497	1,654	1,087	48
435		Pk2	1.5	1,157	497	1,654	1,087	48
435		Pk3	1.0	1,598	711	2,309	2,309	1
435		Pk4						
436 Plastic Surgery								
436		Pk1	1.8	2,356	1,044	3,401	1,883	62
436		Pk2	1.7	2,266	1,016	3,283	1,937	59
436		Pk3	3.2	3,452	1,442	4,895	1,530	5
436		Pk4						

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Total Cost	Cost per Day	Costed Cases
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		1.4	1,772	692	2,464	1,762	103
437		Pix1	1.3	1,716	639	2,355	1,757	97
437		Pix2	2.3	2,664	1,548	4,212	1,805	6
437		Pix3	10.3	5,274	2,415	7,689	750	4
437		Pix4						
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		4.2	2,996	1,116	4,112	989	132
438		Pix1	3.7	2,708	1,031	3,738	1,003	117
438		Pix2	13.0	6,127	2,374	8,501	654	9
438		Pix3	10.4	5,282	1,886	7,168	691	8
438		Pix4	6.4	8,985	3,207	12,192	1,905	5
439	Skin Ulcer		14.5	5,854	2,362	8,216	569	91
439		Pix1	11.0	4,136	1,711	5,847	534	40
439		Pix2	13.9	5,695	2,231	7,926	572	15
439		Pix3	16.6	6,497	2,683	9,180	554	24
439		Pix4	34.3	12,500	4,794	17,294	504	15
440	Major Skin Disorders		6.5	3,724	1,410	5,134	787	99
440		Pix1	5.6	2,975	1,182	4,157	747	67
440		Pix2	8.2	3,754	1,369	5,123	626	16
440		Pix3	8.8	5,061	1,781	6,842	776	11
440		Pix4	6.8	7,072	1,907	8,979	1,320	5
443	Malignant Breast Disorders		9.2	5,153	1,791	6,944	756	32
443		Pix1	8.8	4,619	1,540	6,159	697	12
443		Pix2	8.0	3,826	1,214	5,041	630	10
443		Pix3	15.4	7,860	4,104	11,964	778	8
443		Pix4	15.8	11,194	2,633	13,827	875	5
446	Non-Malignant Breast Disorders		2.9	1,488	533	2,021	687	35
446		Pix1	2.9	1,488	533	2,021	687	35
446		Pix2						
446		Pix3						
446		Pix4	18.0	10,931	3,394	14,325	796	1

Schedule 1 -- Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
447 Cellulitis		5.4	2,370	909	3,279	606
447	Plx1	4.7	2,020	791	2,811	593
447	Plx2	7.9	3,418	1,341	4,758	600
447	Plx3	9.3	4,167	1,535	5,702	614
447	Plx4	15.6	7,615	2,717	10,332	662
452 Trauma Of Skin, Subcutaneous Tissue And Breast		2.3	1,580	532	2,112	936
452	Plx1	1.9	1,451	491	1,942	1,013
452	Plx2	4.4	2,333	889	3,221	732
452	Plx3	3.8	2,345	837	3,182	837
452	Plx4	11.0	11,419	3,552	14,971	1,361
454 Minor Skin Disorders		3.3	1,507	627	2,134	648
454	Plx1	3.0	1,358	579	1,938	650
454	Plx2	5.3	2,262	883	3,145	599
454	Plx3	5.1	2,143	891	3,035	591
454	Plx4	12.7	7,016	2,433	9,449	743
476 PWS - Adrenal And Pituitary Procedures		5.4	6,884	2,287	9,172	1,711
476	Plx1	4.2	5,698	1,998	7,696	1,837
476	Plx2	6.3	8,886	2,757	11,643	1,859
476	Plx3	10.3	11,236	3,547	14,782	1,433
476	Plx4	17.5	21,129	7,200	28,329	1,616
477 Parathyroid Procedures		2.3	2,938	1,114	4,052	1,768
477	Plx1	2.1	2,765	1,037	3,802	1,790
477	Plx2	3.6	4,096	2,011	6,106	1,885
477	Plx3	5.8	6,018	2,340	8,358	1,449
477	Plx4	12.0	10,925	3,236	14,161	1,180
478 Obesity Procedures		2.5	2,579	1,144	3,723	1,468
478	Plx1	2.4	2,512	1,120	3,632	1,526
478	Plx2	5.4	3,578	1,672	5,250	972
478	Plx3	4.0	3,186	1,854	5,040	1,260
478	Plx4	17.6	16,375	7,648	24,023	1,365

Schedule 1 -- Inpatient Cost Results

CMHC Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
479	Thyroid Procedures		1.6	2,413	947	3,359	2,072	724
479		Pix1	1.6	2,324	926	3,251	2,071	686
479		Pix2	2.6	3,811	1,255	5,066	1,982	9
479		Pix3	3.2	4,244	1,330	5,574	1,752	33
479		Pix4	12.8	17,595	5,991	23,587	1,838	12
480	Thyroglossal Procedures		1.2	1,709	670	2,379	1,967	43
480		Pix1	1.2	1,697	666	2,363	1,985	42
480		Pix2	2.0	2,236	817	3,053	1,526	1
480		Pix3						
480		Pix4						
482	Other Endocrine, Nutrition And Metabolic Procedures		6.5	5,885	2,367	8,252	1,288	61
482		Pix1	2.8	3,036	1,208	4,245	1,533	39
482		Pix2	17.1	12,571	5,199	17,770	1,038	8
482		Pix3	10.4	8,889	3,186	12,076	1,158	7
482		Pix4	32.2	27,066	11,289	38,355	1,192	11
483	Diabetes		4.6	2,189	813	3,002	651	1,601
483		Pix1	3.6	1,649	631	2,281	625	1,130
483		Pix2	7.0	3,018	1,142	4,160	597	223
483		Pix3	7.4	3,330	1,248	4,578	623	147
483		Pix4	12.2	7,723	2,758	10,482	858	137
485	Nutritional And Miscellaneous Metabolic Disorders		4.9	2,442	852	3,294	671	1,841
485		Pix1	3.8	1,807	634	2,442	635	1,138
485		Pix2	6.6	3,243	1,167	4,411	669	401
485		Pix3	7.8	4,060	1,427	5,487	701	226
485		Pix4	15.8	8,807	3,188	11,995	759	134
487	Cystic Fibrosis		12.0	8,450	2,893	11,343	947	158
487		Pix1	11.1	7,186	2,522	9,708	874	107
487		Pix2	12.9	8,413	2,906	11,320	876	27
487		Pix3	15.5	11,508	3,938	15,446	996	14
487		Pix4	15.3	17,803	5,486	23,289	1,525	11

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
488	Inborn Errors Of Metabolism		4.7	4,241	1,317	5,558	1,178
488		Pk1	3.3	2,917	890	3,808	1,145
488		Pk2	6.9	4,497	1,651	6,148	887
488		Pk3	7.6	6,001	2,300	8,302	1,092
488		Pk4	14.2	25,660	6,766	32,426	2,289
489	Endocrine Disorders		3.9	2,608	846	3,454	884
489		Pk1	2.6	2,021	614	2,635	1,013
489		Pk2	7.8	4,214	1,469	5,683	729
489		Pk3	11.5	6,223	2,197	8,420	731
489		Pk4	13.3	10,611	3,533	14,145	1,066
500	PWS - Kidney Transplant		9.2	12,681	4,285	16,965	1,834
500		Pk1	7.1	9,693	3,318	13,010	1,837
500		Pk2	7.4	10,098	3,972	14,070	1,891
500		Pk3	9.9	13,109	4,512	17,621	1,789
500		Pk4	14.7	20,488	6,287	26,775	1,826
501	Urinary Diversion And Augmentation		11.9	8,621	3,831	12,452	1,045
501		Pk1	10.1	7,346	3,398	10,743	1,060
501		Pk2	12.7	9,407	4,136	13,543	1,068
501		Pk3	15.2	9,768	4,427	14,196	935
501		Pk4	31.4	28,609	11,742	40,351	1,283
502	Radical Prostatectomy		4.7	3,829	1,757	5,586	1,178
502		Pk1	4.6	3,738	1,693	5,431	1,171
502		Pk2	5.0	4,130	2,004	6,135	1,224
502		Pk3	8.1	5,539	2,643	8,183	1,017
502		Pk4	6.4	5,414	2,755	8,169	1,276
503	Dialysis Procedures		12.4	9,404	3,827	13,231	1,071
503		Pk1	3.7	2,960	1,551	4,511	1,228
503		Pk2	13.2	9,587	4,169	13,755	1,040
503		Pk3	13.4	10,226	3,936	14,162	1,058
503		Pk4	55.6	38,336	14,041	52,376	942

Schedule 1 -- Inpatient Cost Results

CMA Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
504	Major Urinary Tract Procedures		5.1	4,598	1,941	6,539	1,282	1,096
504		Pix1	4.6	4,190	1,784	5,974	1,288	888
504		Pix2	6.9	6,141	2,592	8,733	1,273	129
504		Pix3	8.9	7,036	2,783	9,819	1,106	67
504		Pix4	14.9	15,049	6,214	21,263	1,430	52
505	Reconstructive Urological Procedures		4.9	3,721	1,878	5,599	1,142	91
505		Pix1	4.2	3,093	1,560	4,652	1,103	74
505		Pix2	6.7	4,748	2,469	7,217	1,075	7
505		Pix3	8.2	6,824	3,571	10,396	1,268	5
505		Pix4	10.1	8,579	3,969	12,548	1,239	8
506	Open Prostatectomy		3.8	3,191	1,346	4,537	1,195	44
506		Pix1	3.1	2,892	1,170	4,062	1,326	32
506		Pix2	5.4	4,044	1,707	5,751	1,070	8
506		Pix3	10.8	5,459	2,595	8,054	746	5
506		Pix4	8.5	4,294	2,068	6,362	748	2
507	Vascular And Other Urinary Procedures		8.9	7,237	2,727	9,964	1,122	69
507		Pix1	4.4	3,546	1,379	4,926	1,132	40
507		Pix2	12.6	6,986	2,832	9,818	779	5
507		Pix3	20.0	12,932	4,224	17,157	858	8
507		Pix4	36.9	34,211	12,529	46,741	1,267	27
508	Minor Upper Urinary Tract Procedures		5.1	4,333	1,744	6,077	1,199	504
508		Pix1	4.1	3,728	1,548	5,276	1,290	408
508		Pix2	8.6	5,961	2,208	8,169	946	44
508		Pix3	10.4	7,463	2,822	10,285	989	35
508		Pix4	20.0	15,197	5,176	20,373	1,017	25
509	Minor Lower Urinary Tract Procedures		2.6	2,574	1,004	3,579	1,402	152
509		Pix1	2.5	2,493	969	3,461	1,412	144
509		Pix2	5.8	3,849	1,810	5,659	970	6
509		Pix3	11.0	6,905	2,993	9,898	900	5
509		Pix4	8.7	17,653	3,898	21,551	2,487	3

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
510	Transurethral Prostatectomy		2.3	1,760	739	2,498	1,361
510		Plx1	2.3	1,733	727	2,459	1,319
510		Plx2	5.6	3,089	1,298	4,387	34
510		Plx3	7.7	3,549	1,470	5,019	19
510		Plx4	11.7	6,505	2,728	9,233	12
512	Other Transurethral Or Biopsy Procedures (MNRH)		1.9	1,584	541	2,125	1,122
512		Plx1	1.8	1,557	532	2,088	1,131
512		Plx2	4.3	2,768	984	3,752	864
512		Plx3	7.6	5,090	1,869	6,959	916
512		Plx4	12.6	8,593	3,223	11,816	939
514	Miscellaneous Urinary Tract Procedures (MNRH)		2.3	2,006	728	2,734	1,200
514		Plx1	2.2	2,008	725	2,733	1,256
514		Plx2	3.0	2,121	734	2,855	952
514		Plx3	4.0	1,007	524	1,532	383
514		Plx4					
520	Renal Failure With Dialysis		14.5	10,018	3,715	13,732	949
520		Plx1	8.3	4,864	1,801	6,666	802
520		Plx2	13.2	8,444	3,186	11,630	879
520		Plx3	15.4	9,715	3,763	13,477	874
520		Plx4	24.5	17,930	6,484	24,414	995
521	Renal Failure Without Dialysis		7.6	3,867	1,416	5,283	693
521		Plx1	5.5	2,708	1,007	3,715	672
521		Plx2	7.6	3,461	1,303	4,764	626
521		Plx3	9.8	4,653	1,774	6,427	654
521		Plx4	16.7	10,461	3,677	14,139	846
522	Urinary Neoplasm		9.6	4,690	1,694	6,384	666
522		Plx1	5.8	2,934	1,012	3,946	679
522		Plx2	10.1	4,696	1,696	6,393	635
522		Plx3	12.8	5,633	2,061	7,694	601
522		Plx4	14.3	8,003	2,917	10,920	765

Schedule 1 – Inpatient Cost Results

CMA Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
524	Nephrotic Syndrome		4.8	2,808	993	3,801	792	89
524		Pix1	3.8	2,262	779	3,041	795	63
524		Pix2	5.5	2,991	1,102	4,093	738	11
524		Pix3	8.2	4,807	1,803	6,610	809	12
524		Pix4	13.0	8,186	2,639	10,825	833	5
525	Nephropathy Without Nephrotic Syndrome		4.0	2,628	913	3,541	877	83
525		Pix1	2.6	1,661	570	2,231	862	46
525		Pix2	4.1	2,594	914	3,508	851	8
525		Pix3	5.2	3,198	1,158	4,356	844	19
525		Pix4	9.5	6,346	2,114	8,461	895	11
526	Miscellaneous Nephrological Diagnosis		4.9	2,628	920	3,548	724	31
526		Pix1	4.2	2,018	697	2,715	641	17
526		Pix2	4.8	3,513	1,141	4,655	963	6
526		Pix3	5.5	2,604	1,036	3,640	662	6
526		Pix4	11.3	7,606	2,673	10,280	907	3
527	Upper Urinary Tract Infection		4.0	1,888	672	2,560	647	817
527		Pix1	3.5	1,650	598	2,248	647	659
527		Pix2	5.6	2,620	925	3,545	633	60
527		Pix3	6.0	2,954	998	3,952	654	66
527		Pix4	9.7	5,814	1,825	7,639	791	32
529	Lower Urinary Tract Infection		5.2	2,439	914	3,353	643	1,213
529		Pix1	4.4	2,045	761	2,807	633	794
529		Pix2	6.5	2,867	1,133	4,001	611	232
529		Pix3	6.7	3,270	1,197	4,467	671	127
529		Pix4	14.5	7,516	2,894	10,410	718	81
532	Urinary Retention And Other Functional Disorders Of Bladder		3.2	1,353	538	1,891	586	132
532		Pix1	3.0	1,269	502	1,771	589	116
532		Pix2	4.8	1,930	793	2,724	569	14
532		Pix3	5.6	2,138	909	3,047	544	5
532		Pix4	40.0	15,073	6,229	21,302	533	5

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Cost per Day	Costed Cases
				Direct Cost	Cost			
534 Miscellaneous Urological Diagnoses (MNRH)								
534		Pk1	4.2	2,375	856	3,231	774	217
534		Pk1	3.3	1,814	642	2,456	736	164
534		Pk2	5.3	2,789	1,110	3,899	737	24
534		Pk3	8.1	4,176	1,639	5,816	718	21
534		Pk4	14.5	9,464	3,196	12,660	873	10
535 Hematuria (MNRH)								
535		Pk1	3.1	1,286	495	1,781	566	134
535		Pk1	3.1	1,269	484	1,753	569	108
535		Pk2	3.3	1,285	525	1,810	555	23
535		Pk3	5.2	2,194	878	3,072	591	5
535		Pk4	11.0	4,108	1,596	5,704	519	2
536 Urinary Obstruction (MNRH)								
536		Pk1	2.0	1,192	425	1,617	790	1,326
536		Pk1	1.9	1,130	401	1,531	787	1,222
536		Pk2	4.1	2,085	778	2,863	702	76
536		Pk3	5.7	3,119	1,185	4,303	750	46
536		Pk4	9.1	5,353	2,018	7,371	806	14
538 Admission For Dialysis (MNRH)								
538		Pk1	1.0	904	318	1,222	1,222	7
538		Pk2	1.0	904	318	1,222	1,222	7
538		Pk3	6.0	4,865	1,841	6,706	1,118	1
538		Pk4						
550 Major Pelvic And Retroperitoneum Procedures								
550		Pk1	3.0	3,579	1,555	5,134	1,711	3
550		Pk2	3.0	3,579	1,555	5,134	1,711	3
550		Pk3						
550		Pk4						
551 Penis Procedures								
551		Pk1	2.4	2,942	1,091	4,032	1,707	102
551		Pk1	2.1	2,836	1,039	3,875	1,811	93
551		Pk2	4.0	3,474	1,528	5,002	1,250	5
551		Pk3	11.7	8,205	3,658	11,863	1,017	3
551		Pk4	10.5	9,833	4,196	14,028	1,336	2

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
552	Testes Procedures		1.7	1,555	593	2,148	1,234
552		Pix1	1.5	1,469	551	2,020	1,305
552		Pix2	13.6	6,708	3,435	10,143	746
552		Pix3	14.0	6,891	2,319	9,210	658
552		Pix4	12.3	5,737	2,282	8,018	650
554	Miscellaneous Male Reproductive System Procedures (MNRH)		1.0	1,188	481	1,668	1,668
554		Pix1	1.0	1,170	477	1,646	1,646
554		Pix2	1.4	2,062	700	2,762	1,973
554		Pix3	7.3	7,504	2,474	9,978	1,376
554		Pix4					
555	Circumcision (MNRH)		1.0	1,397	443	1,840	1,840
555		Pix1	1.0	1,397	443	1,840	1,840
555		Pix2	2.0	928	427	1,355	677
555		Pix3	7.0	3,196	2,007	5,202	743
555		Pix4					
560	Malignancy Of Male Reproductive Organ		4.0	1,981	798	2,779	695
560		Pix1	4.0	2,150	857	3,007	752
560		Pix2					
560		Pix3	5.0	2,678	1,023	3,701	740
560		Pix4					
561	Male Reproductive System Inflammation		4.7	1,895	730	2,626	564
561		Pix1	4.0	1,567	598	2,166	543
561		Pix2	8.6	3,798	1,466	5,265	615
561		Pix3	5.8	2,916	1,024	3,941	679
561		Pix4	4.0	2,927	818	3,745	936
562	Other Male Reproductive System Diagnoses		2.5	1,105	412	1,517	614
562		Pix1	2.3	1,026	375	1,401	606
562		Pix2	4.7	2,086	1,064	3,150	675
562		Pix3					
562		Pix4					

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		1.7	1,051	382	1,432	843	10
563		Pix1	1.7	1,051	382	1,432	843	10
563		Pix2	1.0	1,016	790	1,807	1,807	1
563		Pix3						
563		Pix4						
575	PWS - Pelvic Exenteration		28.0	25,753	7,945	33,698	1,204	6
575		Pix1						
575		Pix2	20.3	13,910	5,344	19,254	951	4
575		Pix3	18.0	16,316	4,868	21,184	1,177	1
575		Pix4	34.8	32,233	9,964	42,196	1,214	4
576	PWS - Radical Hysterectomy And Vulvectomy		6.6	5,253	2,114	7,367	1,119	207
576		Pix1	5.5	4,458	1,975	6,433	1,175	114
576		Pix2	7.5	5,907	2,124	8,031	1,076	45
576		Pix3	9.1	6,887	2,419	9,307	1,020	39
576		Pix4	9.7	7,493	3,055	10,548	1,084	15
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		7.3	5,500	2,000	7,500	1,022	206
577		Pix1	5.7	4,238	1,626	5,865	1,031	122
577		Pix2	9.0	6,767	2,381	9,148	1,019	49
577		Pix3	11.0	8,147	2,696	10,843	982	25
577		Pix4	20.5	14,721	5,134	19,855	969	18
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		4.2	3,239	1,291	4,530	1,086	361
578		Pix1	3.6	2,794	1,156	3,951	1,108	273
578		Pix2	5.9	4,326	1,692	6,018	1,018	46
578		Pix3	8.7	6,648	2,235	8,883	1,024	28
578		Pix4	10.5	7,707	2,999	10,706	1,023	13
579	Major Uterine And Adnexal Procedures Without Malignancy		3.1	2,364	981	3,345	1,080	6,427
579		Pix1	3.1	2,329	965	3,294	1,068	5,991
579		Pix2	4.7	3,477	1,341	4,818	1,027	453
579		Pix3	5.7	4,248	1,635	5,882	1,025	214
579		Pix4	7.9	6,441	2,322	8,763	1,105	99

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
581	Reconstructive Gynecological Procedures		3.1	2,462	954	3,416	1,093
581		Pix1	2.9	2,283	901	3,184	1,099
581		Pix2	5.2	4,049	1,358	5,407	1,032
581		Pix3	6.0	4,781	1,644	6,425	1,067
581		Pix4	8.2	6,021	2,343	8,364	1,020
582	Other Gynecological Procedures		3.1	2,309	937	3,246	1,061
582		Pix1	2.8	2,074	839	2,913	1,055
582		Pix2	8.3	5,900	2,340	8,240	992
582		Pix3	8.8	5,111	2,425	7,536	856
582		Pix4	23.4	12,372	4,877	17,249	737
583	Radio-Implant For Malignancy		2.1	3,294	728	4,022	1,933
583		Pix1	2.1	3,294	728	4,022	1,933
583		Pix2					
583		Pix3	5.3	3,660	1,416	5,075	952
583		Pix4					
584	Vagina, Cervix And Vulva Procedures		2.1	1,746	591	2,336	1,103
584		Pix1	2.0	1,665	557	2,221	1,095
584		Pix2	5.7	4,252	1,520	5,772	1,019
584		Pix3	7.3	3,973	1,427	5,400	745
584		Pix4					
585	Gynecological Laparoscopy (MNRH)		2.2	1,624	563	2,187	987
585		Pix1	2.2	1,624	563	2,187	987
585		Pix2	3.3	804	578	1,381	425
585		Pix3	2.3	1,113	537	1,650	707
585		Pix4	9.0	5,828	1,671	7,498	833
586	Tubal Interruption (MNRH)		1.2	1,284	603	1,887	1,527
586		Pix1	1.2	1,284	603	1,887	1,527
586		Pix2					
586		Pix3					
586		Pix4					

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
587	Miscellaneous Gynecological Procedures (MNRH)		1.3	899	314	1,213	942	404
587		Pk1	1.3	883	309	1,192	935	396
587		Pk2	8.2	4,350	1,706	6,056	739	5
587		Pk3	1.6	1,527	538	2,065	1,291	5
587		Pk4	11.3	7,836	3,186	11,022	972	3
592	Malignancy Of Female Reproductive Organ		9.0	4,048	1,437	5,485	606	105
592		Pk1	6.2	2,884	975	3,859	620	53
592		Pk2	11.4	4,690	1,772	6,462	565	28
592		Pk3	11.0	4,821	1,614	6,435	585	10
592		Pk4	15.6	7,369	2,775	10,144	651	14
594	Female Reproductive System Infection		3.1	1,335	468	1,803	582	145
594		Pk1	3.1	1,328	466	1,794	583	140
594		Pk2	4.2	1,655	557	2,211	527	5
594		Pk3	1.7	914	294	1,208	725	3
594		Pk4						
595	Other Female Reproductive System Diagnoses And Injuries		2.5	1,172	387	1,559	621	110
595		Pk1	2.4	1,093	365	1,457	603	103
595		Pk2	5.2	2,067	715	2,782	535	5
595		Pk3	3.7	2,880	852	3,731	1,018	3
595		Pk4						
596	Miscellaneous Gynecological Diagnoses (MNRH)		1.9	1,029	342	1,370	704	403
596		Pk1	1.9	983	328	1,311	697	385
596		Pk2	2.8	1,610	490	2,099	745	11
596		Pk3	5.2	2,805	994	3,799	731	5
596		Pk4	9.0	4,727	1,690	6,417	713	5
599	Premature Labour		3.2	1,891	700	2,591	799	541
599		Pk9	3.2	1,891	700	2,591	799	541
600	Major Procedures In Pregnancy Or Childbirth		6.1	6,104	2,066	8,169	1,346	115
600		Pk9	6.1	6,104	2,066	8,169	1,346	115
601	Repeat Caesarean Delivery With Complicating Diagnosis		3.4	2,449	872	3,321	991	1,167

Schedule 1 -- Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average		Costed Cases
			Direct Cost	Cost		Cost per Day	Cost	
601	Plx9	3.4	2,449	872	3,321	991	1,167	
602 Caesarean Delivery With Complicating Diagnosis		4.0	3,003	1,057	4,060	1,016	2,858	
602	Plx9	4.0	3,003	1,057	4,060	1,016	2,858	
603 Repeat Caesarean Delivery		2.7	1,886	704	2,590	962	1,388	
603	Plx9	2.7	1,886	704	2,590	962	1,388	
604 Caesarean Delivery		3.4	2,464	884	3,347	987	2,807	
604	Plx9	3.4	2,464	884	3,347	987	2,807	
605 Fetal Surgery		3.2	1,820	586	2,406	752	5	5
605	Plx9	3.2	1,820	586	2,406	752	5	5
606 Vaginal Delivery With Sterilization Procedures		2.3	1,853	751	2,604	1,153	97	97
606	Plx9	2.3	1,853	751	2,604	1,153	97	97
607 Vaginal Delivery With Minor Procedures		2.3	2,112	760	2,872	1,248	193	193
607	Plx9	2.3	2,112	760	2,872	1,248	193	193
608 Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		2.1	1,774	583	2,357	1,124	636	636
608	Plx9	2.1	1,774	583	2,357	1,124	636	636
609 Vaginal Delivery With Complicating Diagnosis		2.1	1,681	575	2,255	1,061	12,358	12,358
609	Plx9	2.1	1,681	575	2,255	1,061	12,358	12,358
610 Vaginal Delivery After Caesarean Delivery (VBAC)		1.6	1,438	496	1,934	1,182	742	742
610	Plx9	1.6	1,438	496	1,934	1,182	742	742
611 Vaginal Delivery		1.6	1,254	441	1,694	1,061	15,765	15,765
611	Plx9	1.6	1,254	441	1,694	1,061	15,765	15,765
612 Ectopic Pregnancy With Major Procedures		2.6	2,066	765	2,831	1,106	263	263
612	Plx9	2.6	2,066	765	2,831	1,106	263	263
613 Ectopic Pregnancy With Minor Procedures		1.6	1,594	556	2,150	1,375	321	321
613	Plx9	1.6	1,594	556	2,150	1,375	321	321
614 Ectopic Pregnancy		1.0	470	143	613	613	53	53
614	Plx9	1.0	470	143	613	613	53	53
615 Threatened Abortion		1.5	755	295	1,051	687	104	104
615	Plx9	1.5	755	295	1,051	687	104	104

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
616	Abortive Outcome With Injection		1.1	2,653	716	3,369	3,088	11
616		Plx9	1.1	2,653	716	3,369	3,088	11
617	Abortive Outcome With D And C		1.0	648	202	850	851	1,361
617		Plx9	1.0	648	202	850	851	1,361
618	Abortive Outcome		1.3	775	278	1,053	783	270
618		Plx9	1.3	775	278	1,053	783	270
619	False Labour LOS < 3 Days (MNRH)		1.0	663	208	871	871	609
619		Plx9	1.0	663	208	871	871	609
620	Post-Partum Diagnosis With Procedures Other Than D And C		4.0	2,820	1,086	3,905	976	50
620		Plx9	4.0	2,820	1,086	3,905	976	50
621	Post-Partum Diagnosis With D And C		1.3	872	295	1,167	866	222
621		Plx9	1.3	872	295	1,167	866	222
622	Post-Partum Diagnosis		2.4	1,145	437	1,581	654	685
622		Plx9	2.4	1,145	437	1,581	654	685
623	Antepartum Diagnosis With Complicating Diagnosis		2.4	1,221	440	1,661	702	1,046
623		Plx9	2.4	1,221	440	1,661	702	1,046
624	Antepartum Diagnosis		1.7	920	321	1,241	749	1,131
624		Plx9	1.7	920	321	1,241	749	1,131
625	PWS - Neonates Weight < 750 Grams		23.1	44,228	10,504	54,732	2,367	135
625		Plx9	23.1	44,228	10,504	54,732	2,367	135
626	PWS - Neonates Weight 750-999 Grams		38.3	56,063	14,281	70,344	1,836	184
626		Plx9	38.3	56,063	14,281	70,344	1,836	184
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		23.7	32,240	9,023	41,263	1,743	15
627		Plx9	23.7	32,240	9,023	41,263	1,743	15
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		24.6	24,606	6,679	31,285	1,274	525
628		Plx9	24.6	24,606	6,679	31,285	1,274	525
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		19.1	32,923	9,482	42,405	2,221	11
630		Plx9	19.1	32,923	9,482	42,405	2,221	11
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		17.1	16,880	4,373	21,253	1,244	258

Schedule 1 -- Inpatient Cost Results

CHC Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct	Cost			
631		Pix9	17.1	16,880	4,373	21,253	1,244	258
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis							
632		Pix9	12.5	8,206	2,337	10,543	843	715
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis							
636		Pix9	11.3	14,362	3,851	18,214	1,619	12
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis							
637		Pix9	10.3	11,419	3,173	14,592	1,416	328
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis							
638		Pix9	8.9	6,903	1,988	8,891	1,004	398
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis							
639		Pix9	5.9	3,326	1,036	4,361	742	1,213
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis							
640		Pix9	1.8	660	323	983	548	359
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis							
643		Pix9	11.0	22,158	6,870	29,028	2,630	53
644	Neonates Weight > 2500 gm With Major Problem Diagnosis							
644		Pix9	5.8	7,854	2,386	10,241	1,758	1,051
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis							
645		Pix9	3.4	2,662	881	3,543	1,031	2,060
646	Neonates Weight > 2500 gm With Caesarian Delivery							
646		Pix9	3.0	979	493	1,471	485	6,849
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis							
647		Pix9	2.3	1,308	494	1,802	784	3,265
648	Neonates Weight > 2500 gm (Normal Newborn)							
648		Pix9	1.4	511	252	763	527	25,265
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma							
650		Pix1	42.0	58,041	19,783	77,823	1,852	195
650		Pix2	14.6	17,219	6,184	23,402	1,600	8
650		Pix3	16.0	11,967	5,275	17,242	1,078	5
650		Pix4	29.4	25,397	7,668	33,065	1,124	7
650		Pix4	45.4	63,621	21,543	85,164	1,877	176

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average		Average Indirect Cost	Average		Cost per Day	Costed Cases
			LOS	Cost		Direct Cost	Cost		
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		19.6	26,905	8,477	35,381	1,805	5	5
651		Pix9	22.0	26,124	9,530	35,654	1,621	5	5
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		27.6	34,715	9,364	44,078	1,597	5	5
652		Pix9	31.6	30,626	8,493	39,119	1,238	5	5
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		20.6	27,784	8,894	36,678	1,782	48	48
653		Pix9	20.6	27,784	8,894	36,678	1,782	48	48
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		16.9	28,861	9,915	38,776	2,292	12	12
654		Pix9	16.9	28,861	9,915	38,776	2,292	12	12
655	PWS - Spinal Procedures With Femur Procedures For Trauma		14.9	17,696	7,676	25,372	1,708	14	14
655		Pix9	14.9	17,696	7,676	25,372	1,708	14	14
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		18.0	31,343	10,722	42,065	2,337	6	6
656		Pix9	18.0	31,343	10,722	42,065	2,337	6	6
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		16.7	19,450	6,921	26,371	1,584	20	20
657		Pix9	16.7	19,450	6,921	26,371	1,584	20	20
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		14.3	14,707	5,596	20,303	1,424	164	164
658		Pix9	14.3	14,707	5,596	20,303	1,424	164	164
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		15.7	19,437	5,812	25,249	1,604	35	35
659		Pix9	15.7	19,437	5,812	25,249	1,604	35	35
660	PWS - Intracranial Procedures For Trauma		8.6	13,163	4,183	17,346	2,023	276	276
660		Pix1	5.0	6,052	2,199	8,251	1,639	120	120
660		Pix2	8.8	9,465	3,099	12,564	1,426	47	47
660		Pix3	9.7	14,690	4,451	19,141	1,967	26	26
660		Pix4	13.6	27,390	7,921	35,311	2,591	78	78
661	PWS - Spinal Procedures For Trauma		10.2	11,266	3,802	15,068	1,482	262	262
661		Pix1	8.3	8,488	2,936	11,424	1,372	171	171
661		Pix2	13.3	14,170	4,781	18,951	1,427	46	46
661		Pix3	13.1	14,050	4,666	18,716	1,427	25	25
661		Pix4	24.3	38,259	11,230	49,489	2,035	31	31
662	Femur Or Pelvic Procedures For Trauma		8.8	6,048	2,292	8,340	949	2,105	2,105
662		Pix1	7.0	4,938	1,912	6,850	982	1,430	1,430

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
662		Pix2	11.8	7,607	2,844	10,450	883
662		Pix3	14.5	9,134	3,253	12,387	854
662		Pix4	21.9	14,358	5,343	19,702	900
663	Thoraco-Abdominal Procedures For Trauma		7.4	8,071	2,844	10,915	1,473
663		Pix1	6.0	5,020	2,054	7,075	1,179
663		Pix2	6.5	5,978	2,182	8,161	1,250
663		Pix3	8.9	9,615	3,190	12,805	1,437
663		Pix4	15.0	21,991	7,108	29,099	1,938
664	Wound Debridement And Skin Graft For Trauma		6.3	5,530	2,335	7,866	1,247
664		Pix1	4.6	4,008	1,771	5,779	1,245
664		Pix2	9.7	8,303	3,408	11,710	1,208
664		Pix3	15.1	12,407	4,899	17,307	1,149
664		Pix4	22.9	23,997	8,804	32,800	1,434
665	PWS - Elevated Skull Fractures		6.3	8,108	3,078	11,185	1,769
665		Pix1	3.4	3,977	1,604	5,580	1,647
665		Pix2	8.1	8,041	3,125	11,166	1,374
665		Pix3	9.7	13,953	4,864	18,817	1,947
665		Pix4	14.4	23,497	8,860	32,357	2,247
666	Major Lower Extremity Procedures For Trauma		3.0	2,742	1,073	3,816	1,256
666		Pix1	2.9	2,649	1,039	3,688	1,253
666		Pix2	8.1	6,524	2,388	8,911	1,096
666		Pix3	11.2	9,547	3,680	13,227	1,186
666		Pix4	18.3	15,958	5,950	21,908	1,199
667	Minor Lower Extremity Procedures For Trauma		2.9	2,415	1,038	3,453	1,209
667		Pix1	2.7	2,256	958	3,214	1,204
667		Pix2	15.4	9,914	3,664	13,578	882
667		Pix3	9.0	5,588	2,168	7,756	862
667		Pix4					
668	Miscellaneous Musculoskeletal Procedures For Trauma		3.5	3,264	1,423	4,688	1,338
668		Pix1	3.1	2,875	1,267	4,142	1,348

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
668		Plx2	6.5	6,330	2,266	8,596	1,319
668		Plx3	9.5	10,341	3,454	13,795	1,452
668		Plx4	11.4	16,425	5,824	22,249	1,956
669	Vascular Repair For Trauma		2.9	3,641	1,680	5,321	1,822
669		Plx1	2.4	2,738	1,409	4,147	1,708
669		Plx2	3.7	4,766	1,989	6,755	1,819
669		Plx3	5.0	7,120	2,489	9,609	1,922
669		Plx4	12.0	17,987	5,821	23,808	1,984
670	Upper Extremity Procedures For Trauma		2.1	2,175	853	3,028	1,467
670		Plx1	1.8	1,979	781	2,760	1,534
670		Plx2	5.2	4,721	1,671	6,392	1,224
670		Plx3	7.5	6,755	2,343	9,098	1,221
670		Plx4	12.3	9,662	3,917	13,579	1,106
674	PWS - Intracranial Injuries With Spinal Injuries		9.7	12,310	4,072	16,382	1,685
674		Plx9	9.7	12,310	4,072	16,382	1,685
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		4.2	7,598	1,990	9,588	2,262
675		Plx9	4.2	7,598	1,990	9,588	2,262
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		7.9	10,986	3,221	14,207	1,806
676		Plx9	7.9	10,986	3,221	14,207	1,806
677	Spinal Injuries With Fractures Of Femur		8.4	4,594	1,572	6,166	736
677		Plx9	8.4	4,594	1,572	6,166	736
678	Spinal Injuries With Thoraco-Abdominal Injuries		6.8	4,967	1,644	6,611	974
678		Plx9	6.8	4,967	1,644	6,611	974
679	Fractures Of Femur With Thoraco-Abdominal Injuries		10.2	7,878	2,776	10,654	1,043
679		Plx9	10.2	7,878	2,776	10,654	1,043
680	Femur Or Pelvic Fractures And Dislocations		9.7	3,844	1,433	5,278	545
680		Plx1	8.0	3,209	1,187	4,396	549
680		Plx2	18.1	6,713	2,598	9,311	516
680		Plx3	12.9	5,762	2,080	7,842	610
680		Plx4	20.8	9,668	3,594	13,262	637

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Cost per Day	Costed Cases
681	Frostbite		9.3	4,810	1,929	6,739	724
681		Pix1	9.3	4,437	1,829	6,266	671
681		Pix2	12.3	7,000	2,411	9,410	763
681		Pix3	9.7	7,123	2,735	9,858	1,020
681		Pix4					
682	Spinal Injuries		4.8	2,656	934	3,589	754
682		Pix1	4.4	2,430	848	3,278	752
682		Pix2	8.6	4,227	1,489	5,716	661
682		Pix3	12.5	6,281	2,253	8,534	685
682		Pix4	25.6	16,317	5,865	22,182	868
683	Intracranial Injuries		4.8	4,282	1,330	5,612	1,169
683		Pix1	3.7	2,820	919	3,739	1,021
683		Pix2	6.0	5,397	1,605	7,002	1,163
683		Pix3	8.1	7,482	2,180	9,662	1,197
683		Pix4	14.8	16,093	4,914	21,006	1,419
684	Fracture Of Humerus		6.3	2,771	1,069	3,840	610
684		Pix1	4.3	2,029	771	2,800	654
684		Pix2	24.0	8,450	3,648	12,098	504
684		Pix3	36.5	13,149	6,303	19,452	533
684		Pix4	39.6	13,087	6,072	19,159	484
685	Hip And Thigh Injuries		5.8	2,343	812	3,155	540
685		Pix1	5.2	2,116	730	2,846	551
685		Pix2	7.4	2,879	1,089	3,968	536
685		Pix3	18.0	6,353	2,158	8,511	473
685		Pix4	22.2	8,423	3,070	11,492	518
686	Major Nerve Injuries		6.0	5,848	2,116	7,964	1,327
686		Pix1	4.4	5,558	2,158	7,716	1,754
686		Pix2	4.0	3,653	1,410	5,064	1,266
686		Pix3	7.5	4,440	1,417	5,857	781
686		Pix4					

Schedule 1 -- Inpatient Cost Results

CMG	Code	Description	Complexity Level	Average	Average		Average Indirect Cost	Average Direct Cost	Cost per Day	Costed Cases
				Average LOS	Cost	Cost				
687 Thoraco-Abdominal Injuries										
	687		Pix1	4.9	3,277	1,148	4,425	900	865	
	687		Pix2	4.2	2,639	938	3,577	847	688	
	687		Pix3	7.9	4,031	1,494	5,525	699	84	
	687		Pix4	8.8	5,780	1,988	7,768	887	69	
	687			13.8	15,064	4,796	19,859	1,440	44	
688 Weight Bearing Injuries										
	688		Pix1	2.9	1,650	603	2,253	764	503	
	688		Pix2	2.5	1,441	534	1,976	780	459	
	688		Pix3	14.8	6,531	2,405	8,936	604	24	
	688		Pix4	6.1	3,888	1,309	5,197	847	15	
	688			22.2	14,779	4,568	19,347	871	9	
689 Genito-Urinary Injuries										
	689		Pix1	3.9	2,281	834	3,116	807	107	
	689		Pix2	3.2	1,794	659	2,453	772	84	
	689		Pix3	5.6	3,880	1,347	5,227	926	14	
	689		Pix4	7.8	4,999	1,987	6,986	901	8	
	689			14.0	10,377	3,097	13,474	962	2	
690 Crushing Injuries And Contusions										
	690		Pix1	2.9	1,652	565	2,217	762	240	
	690		Pix2	2.7	1,516	515	2,031	755	216	
	690		Pix3	6.7	3,433	1,095	4,528	672	15	
	690		Pix4	9.9	4,389	1,718	6,107	616	11	
	690			12.8	5,561	2,396	7,957	623	9	
691 Minor Lower Extremity Fractures										
	691		Pix1	1.9	1,265	499	1,764	950	14	
	691		Pix2	1.9	1,265	499	1,764	950	14	
	691		Pix3	5.0	2,083	1,004	3,088	618	1	
	691		Pix4	5.0	1,561	549	2,110	422	1	
692 Wounds										
	692		Pix1	1.6	1,384	555	1,939	1,179	428	
	692		Pix2	1.6	1,384	556	1,940	1,198	410	
	692		Pix3	5.1	3,053	1,232	4,285	846	16	
	692		Pix4	3.4	1,718	719	2,437	717	10	
	692			21.2	10,382	3,741	14,123	666	5	

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost Per Day	Costed Cases
693	Amputations Or Vascular And Other Nerve Injuries		2.4	2,338	895	3,233	1,364
693		Pix1	2.3	2,157	862	3,019	1,291
693		Pix2	4.4	3,032	1,066	4,099	932
693		Pix3	1.0	1,589	224	1,813	1,813
693		Pix4	9.5	12,793	3,746	16,539	1,741
694	Facial Injuries		2.2	1,743	760	2,504	1,156
694		Pix1	2.1	1,672	736	2,409	1,131
694		Pix2	4.3	3,086	1,295	4,381	1,031
694		Pix3	2.0	2,382	904	3,286	1,643
694		Pix4	3.7	6,736	2,367	9,103	2,483
695	Other Cranial Injuries		1.7	1,379	437	1,816	1,040
695		Pix1	1.7	1,271	408	1,679	987
695		Pix2	4.3	3,273	1,030	4,302	1,004
695		Pix3	3.9	3,856	1,162	5,017	1,279
695		Pix4	9.5	15,603	4,689	20,292	2,144
696	Upper Extremity Fractures		1.6	1,325	492	1,817	1,147
696		Pix1	1.6	1,311	488	1,799	1,152
696		Pix2	8.3	4,691	1,637	6,328	762
696		Pix3	9.2	4,880	1,838	6,718	733
696		Pix4	27.7	13,292	5,199	18,490	667
700	PWS - Bone Marrow Transplant		28.5	34,475	10,416	44,890	1,517
700		Pix1	18.3	19,025	5,636	24,661	1,350
700		Pix2	28.6	33,141	8,832	41,974	1,470
700		Pix3	24.5	29,956	9,443	39,399	1,610
700		Pix4	29.6	35,999	10,939	46,939	1,588
701	Splenectomy		5.0	5,217	1,887	7,104	1,414
701		Pix1	4.5	4,705	1,686	6,391	1,429
701		Pix2	4.3	4,566	1,755	6,321	1,459
701		Pix3	12.4	10,372	4,302	14,674	1,183
701		Pix4	37.6	38,111	10,659	48,770	1,297

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average		Costed Cases
				Direct Cost	Indirect Cost		Cost per Day	Cost	
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		4.3	4,155	1,495	5,649	1,322		132
703		Pix1	3.2	3,163	1,155	4,319	1,350		105
703		Pix2	9.7	6,994	2,651	9,645	993		14
703		Pix3	7.4	7,707	2,466	10,172	1,366		9
703		Pix4	21.5	30,306	10,215	40,521	1,989		11
704	Red Blood Cell Disorders		5.7	3,203	1,109	4,312	759		750
704		Pix1	4.5	2,555	888	3,443	763		441
704		Pix2	6.2	3,147	1,096	4,244	680		161
704		Pix3	7.1	4,335	1,425	5,760	810		97
704		Pix4	13.5	12,085	4,204	16,289	1,210		48
709	Coagulation Disorders		3.6	2,250	786	3,036	842		325
709		Pix1	3.0	1,866	650	2,516	834		239
709		Pix2	4.3	2,673	951	3,624	853		48
709		Pix3	7.0	4,505	1,509	6,013	864		25
709		Pix4	13.4	8,950	3,405	12,356	926		20
710	Reticuloendothelial And Immunity Disorders		5.0	3,460	1,355	4,815	964		587
710		Pix1	4.4	2,719	1,125	3,844	882		323
710		Pix2	6.9	3,970	1,575	5,545	808		52
710		Pix3	5.2	4,039	1,467	5,506	1,053		161
710		Pix4	9.7	7,826	3,088	10,913	1,129		66
725	Major Leukemia And Lymphoma Procedures		7.0	6,436	2,586	9,023	1,290		285
725		Pix1	4.8	4,442	2,030	6,472	1,347		205
725		Pix2	9.1	6,874	2,961	9,834	1,084		27
725		Pix3	19.2	12,787	4,764	17,551	915		22
725		Pix4	29.9	27,457	9,703	37,160	1,245		55
726	Acute Leukemia Without Major Procedures		19.0	15,458	6,144	21,602	1,140		334
726		Pix1	6.5	5,040	2,143	7,182	1,103		88
726		Pix2	14.7	10,322	3,876	14,198	963		31
726		Pix3	18.5	13,374	5,921	19,296	1,041		50
726		Pix4	27.9	25,015	9,921	34,937	1,254		161

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS		Average Direct Cost		Average Indirect Cost		Average Cost per Day	Costed Cases
728	Lymphoma And Chronic Leukemia With Other Procedures		10.6	7,668	2,828	10,496	988	215		
728		Pix1	6.5	4,778	1,767	6,545	1,004	139		
728		Pix2	15.6	9,105	3,299	12,403	795	28		
728		Pix3	15.1	10,251	4,066	14,317	947	18		
728		Pix4	33.5	27,094	10,006	37,100	1,107	38		
730	Lymphoma And Chronic Leukemia		11.7	7,444	2,536	9,980	855	615		
730		Pix1	6.9	4,121	1,358	5,478	793	223		
730		Pix2	9.3	4,813	1,684	6,497	697	98		
730		Pix3	12.1	7,672	2,567	10,239	848	105		
730		Pix4	18.9	13,305	4,517	17,822	941	188		
733	Major Ill-Defined Neoplasm Procedures		11.8	9,586	3,450	13,036	1,106	134		
733		Pix1	7.3	6,159	2,341	8,500	1,172	67		
733		Pix2	11.6	8,906	3,767	12,673	1,095	28		
733		Pix3	19.6	15,320	4,857	20,177	1,032	18		
733		Pix4	30.3	22,614	7,016	29,630	979	25		
734	Ill-Defined Neoplasm With Other Procedures		9.7	6,976	2,690	9,666	999	104		
734		Pix1	4.6	4,160	1,617	5,777	1,250	69		
734		Pix2	13.4	7,581	2,355	9,936	739	9		
734		Pix3	15.1	10,267	4,067	14,334	949	9		
734		Pix4	27.8	18,581	7,310	25,891	933	16		
735	PWS - Radiation Therapy		13.0	7,298	2,329	9,628	741	244		
735		Pix1	10.1	5,714	1,819	7,532	744	127		
735		Pix2	12.3	7,028	2,208	9,235	751	56		
735		Pix3	19.5	10,632	3,301	13,932	713	31		
735		Pix4	22.4	13,735	4,239	17,973	802	30		
736	Chemotherapy		3.3	2,998	1,171	4,169	1,257	1,197		
736		Pix1	3.2	2,832	1,106	3,938	1,246	1,062		
736		Pix2	3.7	3,786	1,466	5,252	1,437	61		
736		Pix3	7.1	5,513	2,001	7,514	1,060	57		
736		Pix4	18.6	12,426	4,032	16,458	884	49		

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
737	Other Poorly Differentiated Neoplastic Diagnoses		11.5	5,689	2,019	7,708	668	198
737		Plx1	8.0	3,428	1,200	4,628	575	87
737		Plx2	12.7	6,268	2,191	8,459	664	50
737		Plx3	16.6	8,506	2,964	11,470	689	31
737		Plx4	13.7	8,200	2,958	11,158	813	29
750	Multisystemic Or Unspecified Site Infections With Surgery		13.9	12,747	4,718	17,464	1,260	543
750		Plx1	7.6	4,941	1,991	6,932	912	248
750		Plx2	13.8	9,232	3,811	13,043	942	72
750		Plx3	13.6	9,974	4,017	13,991	1,031	76
750		Plx4	36.7	40,186	14,212	54,397	1,484	179
751	Septicemia		6.4	4,641	1,599	6,240	980	781
751		Plx1	5.0	2,644	1,006	3,650	735	346
751		Plx2	6.6	3,636	1,335	4,971	754	140
751		Plx3	7.2	4,601	1,590	6,191	865	123
751		Plx4	10.2	11,004	3,568	14,573	1,425	188
756	Post-Operative And Post-Traumatic Infections		5.0	2,356	908	3,263	652	575
756		Plx1	4.6	2,010	771	2,781	607	441
756		Plx2	7.0	3,596	1,388	4,984	711	76
756		Plx3	6.5	3,203	1,287	4,490	691	44
756		Plx4	12.1	8,747	3,383	12,130	1,005	29
757	Viral Illness		3.1	1,707	653	2,360	765	465
757		Plx1	2.8	1,562	598	2,160	759	357
757		Plx2	3.6	1,948	714	2,562	715	41
757		Plx3	3.9	1,966	773	2,739	710	56
757		Plx4	12.3	9,235	3,106	12,341	1,007	24
761	Fever Of Unknown Origin		3.3	1,844	715	2,559	771	325
761		Plx1	3.1	1,703	675	2,378	770	263
761		Plx2	4.2	2,329	871	3,200	754	37
761		Plx3	6.5	3,656	1,297	4,953	759	23
761		Plx4	12.1	6,316	2,053	8,370	693	13

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
763	Other Infectious Diagnoses		5.1	3,292	1,100	4,392	866
763		Pix1	3.9	2,075	704	2,779	720
763		Pix2	7.4	4,077	1,529	5,605	760
763		Pix3	5.9	3,869	1,349	5,218	891
763		Pix4	18.8	21,067	6,601	27,668	1,475
764	Depressive Mood Disorders With ECT		40.3	11,983	4,681	16,664	413
764		Pix9	40.3	11,983	4,681	16,664	413
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		27.3	8,643	3,112	11,755	431
765		Pix9	27.3	8,643	3,112	11,755	431
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		19.6	5,489	2,037	7,526	384
766		Pix9	19.6	5,489	2,037	7,526	384
767	Depressive Mood Disorders LOS < 6 Days		3.0	1,132	384	1,516	509
767		Pix9	3.0	1,132	384	1,516	509
768	Bipolar Mood Disorders, Manic With ECT		36.2	11,835	4,110	15,945	441
768		Pix9	36.2	11,835	4,110	15,945	441
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		25.9	8,360	3,067	11,427	440
769		Pix9	25.9	8,360	3,067	11,427	440
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		21.5	6,441	2,436	8,877	412
770		Pix9	21.5	6,441	2,436	8,877	412
771	Bipolar Mood Disorders LOS < 6 Days		3.1	1,157	402	1,559	509
771		Pix9	3.1	1,157	402	1,559	509
772	Dementia With Or Without Delirium With Axis III Diagnosis		42.1	14,617	5,792	20,409	485
772		Pix9	42.1	14,617	5,792	20,409	485
773	Dementia With Or Without Delirium Without Axis III Diagnosis		31.9	10,072	3,981	14,053	440
773		Pix9	31.9	10,072	3,981	14,053	440
774	Organic Mental Disorders Induced By Drugs		9.9	3,438	1,232	4,670	473
774		Pix9	9.9	3,438	1,232	4,670	473
775	Schizophrenia And Other Psychotic Disorders With ECT		50.7	16,641	6,252	22,893	452
775		Pix9	50.7	16,641	6,252	22,893	452
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		30.3	9,601	3,509	13,110	433

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
776		Plx9	30.3	9,601	3,509	13,110	433	389
777	Schizophrenia And Other Psychotic Disorders W/ O ECT Or Axis III Diagnosis		24.0	7,163	2,604	9,767	407	1,699
777		Plx9	24.0	7,163	2,604	9,767	407	1,699
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		3.2	1,374	455	1,829	569	270
778		Plx9	3.2	1,374	455	1,829	569	270
779	Dissociative Disorders		5.8	2,488	854	3,342	575	89
779		Plx9	5.8	2,488	854	3,342	575	89
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		8.2	3,890	1,474	5,363	653	234
780		Plx9	8.2	3,890	1,474	5,363	653	234
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		4.6	1,886	692	2,578	556	210
781		Plx9	4.6	1,886	692	2,578	556	210
783	Psychoactive Substance Dependence		7.5	2,666	920	3,586	480	546
783		Plx9	7.5	2,666	920	3,586	480	546
784	Psychoactive Substance Abuse		5.0	1,814	612	2,426	481	240
784		Plx9	5.0	1,814	612	2,426	481	240
785	Developmental Delay		33.0	14,441	5,409	19,850	602	77
785		Plx9	33.0	14,441	5,409	19,850	602	77
786	Disruptive Behaviour Disorders		16.6	8,040	2,678	10,718	645	329
786		Plx9	16.6	8,040	2,678	10,718	645	329
787	Eating Disorders		32.9	11,964	4,482	16,446	499	182
787		Plx9	32.9	11,964	4,482	16,446	499	182
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		27.5	10,396	4,053	14,449	525	501
788		Plx9	27.5	10,396	4,053	14,449	525	501
789	Organic Mental Disorders Associated W Physical Disorders W/ O Axis III Diagnosis		21.8	7,290	2,800	10,090	463	352
789		Plx9	21.8	7,290	2,800	10,090	463	352
790	Somatiform Disorders		6.2	2,335	854	3,189	513	66
790		Plx9	6.2	2,335	854	3,189	513	66
791	Anxiety Disorders (MNRH)		9.9	3,655	1,325	4,980	501	235
791		Plx9	9.9	3,655	1,325	4,980	501	235

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
792	Adjustment Disorders (MNRH)		5.7	2,187	718	2,904	507
792		Pix9	5.7	2,187	718	2,904	507
793	Personality Disorders With Axis III Diagnosis (MNRH)		15.1	5,486	2,161	7,647	506
793		Pix9	15.1	5,486	2,161	7,647	506
794	Personality Disorders Without Axis III Diagnosis (MNRH)		8.3	2,768	1,035	3,804	458
794		Pix9	8.3	2,768	1,035	3,804	458
795	Sexual Dysfunction And Sexual Disorders (MNRH)		12.5	3,859	1,190	5,049	404
795		Pix9	12.5	3,859	1,190	5,049	404
796	Specific Developmental Disorders (MNRH)		15.2	5,676	2,082	7,759	512
796		Pix9	15.2	5,676	2,082	7,759	512
797	Miscellaneous Psychiatric Diagnoses (MNRH)		9.8	4,236	1,443	5,679	582
797		Pix9	9.8	4,236	1,443	5,679	582
803	Extensive Procedures For Injury Or Complication Of Treatment		10.7	10,497	3,535	14,032	1,314
803		Pix1	7.9	7,696	2,620	10,316	1,303
803		Pix2	11.0	10,576	3,254	13,830	1,263
803		Pix3	11.2	10,503	3,731	14,234	1,271
803		Pix4	29.4	28,970	10,277	39,246	1,337
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		4.4	4,017	1,489	5,506	1,252
804		Pix1	3.0	2,891	1,102	3,994	1,311
804		Pix2	6.9	5,810	2,239	8,049	1,165
804		Pix3	8.7	7,324	2,606	9,930	1,144
804		Pix4	21.2	19,468	7,069	26,537	1,251
805	MNRH Procedures For Injury Or Complication Of Treatment		2.0	1,793	623	2,416	1,181
805		Pix1	1.9	1,689	585	2,274	1,172
805		Pix2	2.7	2,798	964	3,762	1,386
805		Pix3	6.2	4,143	1,353	5,495	886
805		Pix4	13.0	18,747	4,950	23,697	1,823
811	Allergic Reaction		1.7	1,339	401	1,740	1,023
811		Pix1	1.6	1,196	367	1,563	968
811		Pix2	5.2	3,433	1,294	4,727	909

Schedule 1 -- Inpatient Cost Results

CMG Code Description	Complexity Level	Average		Average		Average Indirect Cost	Average Direct Cost	Cost per Day	Costed Cases
		Average LOS	Average	Cost	Cost				
811	Pk3	6.0	5,691	2,799	8,491	1,415	5		
811	Pk4	11.9	13,268	3,961	17,229	1,453	7		
813 Drug Reactions									
813	Pk1	2.1	1,367	481	1,849	865	993		
813	Pk2	4.3	2,311	811	3,122	732	103		
813	Pk3	4.3	3,431	1,086	4,517	1,044	168		
813	Pk4	7.5	7,842	2,550	10,392	1,380	115		
818 Complications Of Treatment									
818	Pk1	3.3	2,035	669	2,704	823	1,288		
818	Pk2	5.3	3,222	1,244	4,466	838	205		
818	Pk3	7.6	4,975	1,781	6,756	894	179		
818	Pk4	12.4	9,502	3,368	12,870	1,037	130		
823 Minor Injuries And Trauma Diagnosis									
823	Pk1	1.9	1,551	524	2,075	1,067	235		
823	Pk2	6.4	4,176	1,447	5,623	882	16		
823	Pk3	3.8	5,099	1,661	6,761	1,773	16		
823	Pk4	5.3	9,677	2,993	12,670	2,405	26		
830 PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures									
830	Pk1	39.9	65,187	25,105	90,292	2,261	45		
830	Pk2	19.3	17,718	7,416	25,133	1,300	9		
830	Pk3	21.2	23,738	9,600	33,338	1,575	6		
830	Pk4	37.0	47,177	16,840	64,017	1,730	6		
830	Pk4	52.3	97,931	37,440	135,371	2,586	23		
831 Extensive Burns Without Burn Procedures									
831	Pk1	1.5	1,526	398	1,924	1,283	6		
831	Pk2	1.6	1,603	446	2,049	1,281	5		
831	Pk2	1.0	1,141	157	1,299	1,299	1		
831	Pk3								
831	Pk4								
832 PWS - Non-Extensive Burns With Skin Graft									
832	Pk1	12.9	10,905	4,866	15,771	1,223	219		
832	Pk2	10.2	7,738	3,549	11,286	1,102	172		
832	Pk2	19.7	16,737	6,892	23,628	1,198	18		

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
832		Pix3	22.8	22,292	9,962	32,254	1,417	13
832		Pix4	29.2	35,912	15,769	51,681	1,769	18
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures							
833		Pix1	10.3	6,125	2,043	8,168	789	23
833		Pix2	9.3	5,146	1,763	6,909	746	19
833		Pix2	16.0	11,078	3,523	14,601	913	4
833		Pix3						
833		Pix4	9.0	19,281	4,954	24,235	2,693	2
834	Non-Extensive Burns Without Burn Procedures							
834		Pix1	4.5	2,917	1,139	4,056	897	180
834		Pix1	4.2	2,536	1,017	3,553	845	160
834		Pix2	7.4	3,579	1,218	4,797	648	10
834		Pix3	6.7	4,245	1,682	5,928	889	6
834		Pix4	22.8	20,328	8,523	28,851	1,265	5
840	Other Admissions With Surgery							
840		Pix1	47.8	26,106	8,427	34,532	723	542
840		Pix1	10.7	6,344	2,340	8,683	813	219
840		Pix2	55.8	22,420	7,559	29,979	537	82
840		Pix3	60.3	27,920	8,907	36,828	610	61
840		Pix4	92.2	57,573	17,358	74,931	813	173
841	Rehabilitation							
841		Pix1	36.4	13,823	5,195	19,019	522	3,529
841		Pix2	29.8	10,997	4,246	15,242	511	1,726
841		Pix2	39.7	15,195	5,584	20,779	524	806
841		Pix3	44.5	16,601	6,198	22,799	513	536
841		Pix4	52.6	21,380	7,748	29,128	554	492
842	Signs And Symptoms							
842		Pix1	6.6	2,748	1,036	3,784	570	338
842		Pix2	5.3	2,188	834	3,022	571	234
842		Pix2	10.8	4,156	1,608	5,764	533	62
842		Pix3	10.2	4,288	1,569	5,857	575	37
842		Pix4	22.4	11,108	4,028	15,136	676	13
846	Aftercare Following Surgery Or Treatment							
846		Pix1	1.5	988	369	1,357	878	2,386
846		Pix2	1.5	967	360	1,327	873	2,327
846		Pix2	2.8	2,146	839	2,985	1,085	48

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
846		Pix3	12.8	5,656	2,558	8,214	640
846		Pix4	10.0	7,494	2,580	10,074	1,007
847	Other Specified Aftercare		12.1	5,824	2,381	8,205	677
847		Pix1	11.5	5,690	2,346	8,035	697
847		Pix2	13.1	5,392	2,253	7,645	585
847		Pix3	17.9	7,631	2,949	10,580	590
847		Pix4	17.3	9,225	3,625	12,849	745
849	Multiple Or Unspecified Congenital Anomalies		9.6	20,662	4,584	25,246	2,630
849		Pix1	3.4	1,461	931	2,392	704
849		Pix2	1.5	1,718	620	2,337	1,558
849		Pix3	12.5	8,727	3,038	11,765	941
849		Pix4	29.0	54,609	14,693	69,303	2,390
850	Perinatal Conditions Age > 28 Days		19.9	15,499	4,293	19,791	993
850		Pix1	17.4	10,920	3,074	13,995	803
850		Pix2	17.3	12,466	3,502	15,968	923
850		Pix3	35.1	23,939	6,301	30,240	862
850		Pix4	27.3	37,409	10,508	47,917	1,756
851	Other Factors Causing Hospitalization		6.9	2,412	1,095	3,507	507
851		Pix1	6.1	2,091	929	3,020	495
851		Pix2	12.1	4,788	2,301	7,089	585
851		Pix3	14.9	3,504	1,698	5,202	350
851		Pix4	18.3	5,651	2,738	8,390	458
852	Procedures Cancelled (MNRH)		1.0	463	187	650	650
852		Pix1	1.0	450	185	636	636
852		Pix2	1.0	648	191	839	839
852		Pix3	1.0	817	309	1,126	1,126
852		Pix4	1.4	1,107	367	1,473	1,052
860	Respiratory Tract Disorders With HIV		9.0	6,959	2,649	9,608	1,065
860		Pix9	9.0	6,959	2,649	9,608	1,065
861	CNS Infection With HIV		6.6	3,593	1,385	4,978	751

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
861		Pix9	6.6	3,593	1,385	4,978	751	8
862	GI And Hepatobiliary Disorders With HIV		7.6	3,334	1,302	4,636	613	16
862		Pix9	7.6	3,334	1,302	4,636	613	16
863	Ophthalmic Disorders With HIV		18.6	13,124	5,488	18,612	1,001	5
863		Pix9	14.6	7,799	3,506	11,305	774	5
864	Blood Infections With HIV		3.4	1,553	821	2,374	698	5
864		Pix9	3.4	1,553	821	2,374	698	5
865	Lymphoma With HIV		22.8	15,993	5,022	21,016	920	6
865		Pix9	22.8	15,993	5,022	21,016	920	6
866	Psychosocial Conditions With HIV		10.6	5,524	1,669	7,194	676	11
866		Pix9	10.6	5,524	1,669	7,194	676	11
867	Other Conditions Associated With HIV		10.8	5,268	1,822	7,090	656	5
867		Pix9	11.8	4,903	1,932	6,835	579	5
868	Miscellaneous Conditions With HIV		5.8	3,326	1,183	4,509	777	31
868		Pix9	5.8	3,326	1,183	4,509	777	31
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		36.9	21,943	7,799	29,742	806	32
880		Pix1	24.8	11,198	4,405	15,603	629	5
880		Pix2	34.2	21,826	7,352	29,178	853	5
880		Pix3	32.6	21,607	6,504	28,112	862	5
880		Pix4	41.4	24,474	9,158	33,632	811	18
881	Amputation Of Lower Limb Except Toe		21.1	12,766	4,793	17,559	832	258
881		Pix1	14.9	8,014	3,113	11,128	746	86
881		Pix2	13.4	7,954	3,138	11,093	830	54
881		Pix3	25.2	14,567	5,406	19,973	791	37
881		Pix4	37.8	22,943	8,489	31,432	832	85
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		19.4	15,437	5,356	20,793	1,071	50
882		Pix1	11.5	8,418	3,375	11,793	1,025	12
882		Pix2	11.0	7,523	2,700	10,222	929	7
882		Pix3	18.2	13,514	4,874	18,388	1,010	10
882		Pix4	29.4	23,837	8,071	31,907	1,085	19

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average		Cost per Day	Costed Cases
				Direct Cost	Indirect Cost		Cost	per Day		
883	Wound Debridement And Grafting Other Than Hand		17.1	9,127	3,363	12,489	729	147		
883		Pix1	11.0	5,405	1,986	7,391	671	45		
883		Pix2	13.8	6,838	2,621	9,459	685	44		
883		Pix3	21.6	10,906	4,309	15,215	705	30		
883		Pix4	31.8	19,366	7,023	26,389	830	28		
884	Other Amputations Including Toe		8.6	4,860	1,781	6,642	771	57		
884		Pix1	5.8	2,989	1,170	4,159	723	36		
884		Pix2	11.8	9,076	2,312	11,388	962	6		
884		Pix3	14.2	6,821	2,701	9,521	671	11		
884		Pix4	22.2	13,615	6,268	19,883	896	5		
885	PWS - Aortic Replacement		11.0	11,861	3,932	15,793	1,436	425		
885		Pix1	7.9	7,566	2,625	10,191	1,294	129		
885		Pix2	8.9	8,594	2,887	11,481	1,295	67		
885		Pix3	11.5	10,807	3,835	14,642	1,271	65		
885		Pix4	15.3	19,075	5,906	24,981	1,632	161		
887	Vascular Bypass Surgery		8.4	8,475	3,019	11,495	1,366	448		
887		Pix1	6.2	5,537	2,166	7,704	1,234	247		
887		Pix2	9.7	8,820	3,089	11,709	1,203	64		
887		Pix3	10.8	9,726	3,395	13,122	1,220	69		
887		Pix4	16.5	20,296	6,320	26,616	1,611	80		
890	Other Thoraco-Abdominal Procedures		10.1	9,970	3,206	13,176	1,309	89		
890		Pix1	6.6	5,367	1,672	7,040	1,074	36		
890		Pix2	6.8	8,195	2,392	10,587	1,568	8		
890		Pix3	11.9	10,405	3,320	13,725	1,154	18		
890		Pix4	14.0	16,302	5,444	21,745	1,558	25		
891	Vascular Repair		7.4	8,543	2,310	10,853	1,459	281		
891		Pix1	5.8	6,871	1,826	8,697	1,504	156		
891		Pix2	7.4	7,111	1,950	9,062	1,225	55		
891		Pix3	9.8	11,553	3,227	14,780	1,504	40		
891		Pix4	14.4	18,095	4,777	22,872	1,590	31		

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
892	Other Vascular Procedures		4.5	4,954	1,486	6,440	1,437	87
892		Pix1	3.8	4,511	1,388	5,899	1,566	60
892		Pix2	5.4	6,126	1,766	7,891	1,457	12
892		Pix3	6.1	6,454	1,680	8,134	1,324	7
892		Pix4	4.2	5,290	1,595	6,885	1,639	5
893	Vein Ligation And Stripping (MNRH)		1.0	1,104	587	1,691	1,691	61
893		Pix1	1.0	1,104	587	1,691	1,691	61
893		Pix2	2.0	1,123	625	1,749	874	3
893		Pix3						
893		Pix4						
895	Deep Vein Thrombophlebitis		6.5	2,892	1,019	3,912	604	517
895		Pix1	5.8	2,413	862	3,275	566	325
895		Pix2	6.7	3,024	1,001	4,025	601	129
895		Pix3	9.8	4,599	1,666	6,264	640	48
895		Pix4	14.4	10,066	3,566	13,632	947	20
898	Peripheral Vascular Disease		5.3	2,906	969	3,875	732	412
898		Pix1	4.6	2,451	815	3,266	715	289
898		Pix2	7.5	3,955	1,394	5,349	716	76
898		Pix3	9.9	4,606	1,651	6,257	631	34
898		Pix4	11.7	7,215	2,534	9,749	830	23
900	Extensive Unrelated O.R. Procedures		20.4	17,520	6,154	23,674	1,162	354
900		Pix1	8.4	8,645	3,077	11,722	1,393	101
900		Pix2	13.7	11,428	4,114	15,542	1,135	42
900		Pix3	24.2	15,865	5,996	21,861	903	57
900		Pix4	31.6	28,764	10,048	38,812	1,228	155
901	Non-Extensive Unrelated O.R. Procedures		14.2	11,962	4,225	16,187	1,142	770
901		Pix1	5.8	4,871	1,724	6,595	1,135	378
901		Pix2	16.0	10,334	3,768	14,101	881	103
901		Pix3	19.0	11,225	4,282	15,507	815	92
901		Pix4	33.5	34,203	11,997	46,200	1,377	202

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
902	Post-Operative Complications With Unrelated O.R. Procedures		8.1	8,480	2,985	11,465	1,421
902		Plx1	3.8	4,192	1,408	5,600	1,488
902		Plx2	7.5	8,901	2,818	11,720	1,558
902		Plx3	11.2	9,032	3,354	12,385	1,106
902		Plx4	17.9	18,078	6,547	24,625	1,374
906	Unrelated O.R. Procedures (MINRH)		10.3	6,301	2,350	8,651	842
906		Plx1	7.1	4,176	1,616	5,791	812
906		Plx2	10.4	6,074	2,350	8,424	812
906		Plx3	17.4	9,999	3,705	13,704	788
906		Plx4	31.0	21,625	7,288	28,913	933
908	Other Major Procedures For Gynecological Malignancy		7.2	5,091	1,864	6,954	970
908		Plx1	3.8	3,354	1,110	4,464	1,175
908		Plx2	5.0	4,166	1,535	5,701	1,140
908		Plx3	24.0	29,711	9,130	38,841	1,618
908		Plx4					
909	Obsolete Psychiatric Diagnoses (MINRH)		9.0	2,670	981	3,650	408
909		Plx3	9.0	2,670	981	3,650	408
910	Diagnosis Not Generally Hospitalized		1.5	2,728	846	3,574	2,428
910		Plx3	1.5	2,728	846	3,574	2,428
912	Obstetric Codes Invalid As Most Responsible Diagnosis		2.8	1,561	739	2,300	821
912		Plx3	2.8	1,561	739	2,300	821
997	Stillbirths		0.8	1,016	294	1,309	1,637
997		Plx3	0.8	1,202	347	1,549	1,937
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		3.0	2,393	774	3,167	1,056
998		Plx3	3.0	2,393	774	3,167	1,056
999	Ungroupable Data		1.7	1,307	432	1,738	1,035
999		Plx3	1.7	1,307	432	1,738	1,035

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
001	PWS - Craniotomy Procedures		1,001	907	1,908		14,006	14,082	14,042		7.8	7.9	7.9	
001		P1x1	700	619	1,319		10,849	10,967	10,904		6.1	6.0	6.1	
001		P1x2	118	122	240		14,230	14,486	14,360		8.8	9.4	9.1	
001		P1x3	76	72	148		21,273	18,630	19,987		14.1	12.3	13.2	
001		P1x4	135	127	262		39,281	39,259	39,270		21.2	23.1	22.1	
003	PWS - Spinal Procedures		171	124	295		8,497	10,106	9,173		5.4	6.5	5.9	
003		P1x1	144	92	236		6,945	8,432	7,525		4.2	4.7	4.4	
003		P1x2	11	18	29		13,206	15,739	14,778		8.6	12.2	10.8	
003		P1x3	6	6	12		22,030	13,620	17,825		15.7	11.0	13.3	
003		P1x4	12	7	19		43,179	27,017	37,225		28.1	24.4	26.7	
004	PWS - Extracranial Vascular Procedures		391	239	630		5,586	6,255	5,840		3.3	4.0	3.5	
004		P1x1	325	182	507		4,841	5,523	5,086		2.5	3.0	2.7	
004		P1x2	22	18	40		7,909	6,888	7,450		5.6	5.4	5.5	
004		P1x3	28	19	47		12,274	10,041	11,372		10.1	8.3	9.4	
004		P1x4	12	15	27		16,969	14,639	15,675		12.0	12.5	12.3	
005	PWS - Ventricular Shunt Revision		113	111	224		5,752	5,549	5,651		2.7	2.4	2.6	
005		P1x1	100	100	200		5,077	5,038	5,057		2.4	2.1	2.2	
005		P1x2	4	6	10		5,234	8,870	7,416		2.3	4.5	3.6	
005		P1x3	3	2	5		7,280	9,733	8,261		2.7	4.5	3.4	
005		P1x4	2	1	5		31,341	39,036	24,621		9.0	13.0	10.3	
006	Carpal Tunnel Release And Specified Nervous System Procedures		60	69	129		5,781	5,994	5,413		3.3	3.1	3.2	
006		P1x1	52	61	113		4,876	4,916	4,897		2.3	2.6	2.5	
006		P1x2	1	3	5		10,073	5,231	5,824		13.0	4.0	6.3	
006		P1x3	4	1	5		17,494	3,059	14,607		9.5	6.0	8.8	
006		P1x4	6	4	10		54,273	8,219	35,852		52.5	8.8	35.0	
007	Peripheral, Cranial Nerve And Other Neurological Procedures		46	69	115		6,246	7,879	7,226		6.5	6.2	6.3	
007		P1x1	35	52	87		5,473	5,275	5,355		4.1	3.3	3.6	
007		P1x2	7	8	15		9,979	10,218	10,107		14.7	15.8	15.3	
007		P1x3	2	4	6		6,515	16,018	12,851		12.0	13.0	12.7	
007		P1x4	2	9	11		75,189	39,439	45,939		73.0	32.3	39.7	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Phx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
010 Neoplasm Of Nervous System											
010	Plx1	235	196	431	7,253	6,217	6,782	9.9	7.7	8.9	
010	Plx1	148	126	274	5,440	5,101	5,284	7.2	6.3	6.8	
010	Plx2	40	32	72	8,550	7,949	8,283	12.5	9.3	11.1	
010	Plx3	25	22	47	10,833	6,682	8,890	14.6	7.8	11.4	
010	Plx4	20	15	35	12,220	12,037	12,142	16.9	15.9	16.5	
011 Degenerative Nervous Disorders											
011	Plx1	116	112	228	6,381	7,603	6,981	11.5	14.3	12.9	
011	Plx2	22	22	44	14,087	9,965	12,026	25.5	17.8	21.7	
011	Plx3	24	18	42	18,497	6,382	13,305	32.9	13.2	24.5	
011	Plx4	19	10	29	28,077	26,272	27,454	36.2	26.8	33.0	
012 Multiple Sclerosis And Cerebellar Disorders											
012	Plx1	88	68	156	4,362	3,878	4,151	5.8	5.9	5.9	
012	Plx2	16	8	24	11,917	11,030	11,621	21.0	17.1	19.7	
012	Plx3	6	6	12	17,660	13,285	15,473	25.3	33.8	29.6	
012	Plx4	4	5	9	46,142	15,153	28,926	34.0	15.8	23.9	
Specific Cerebrovascular Disorders Except Transient Ischemic Attacks											
013	Plx1	1,574	1,355	2,929	7,701	7,599	7,654	9.8	9.8	9.8	
013	Plx2	894	757	1,651	5,270	5,145	5,213	7.1	6.8	7.0	
013	Plx3	275	226	501	9,530	9,795	9,650	13.4	13.0	13.2	
013	Plx4	245	229	474	10,577	10,397	10,490	14.1	14.7	14.4	
013	Plx4	179	167	346	17,734	18,620	18,162	19.5	22.1	20.7	
014 Transient Ischemic Attacks And Precerebral Occlusions											
014	Plx1	454	389	843	3,974	3,940	3,958	5.0	4.9	5.0	
014	Plx2	353	300	653	3,328	3,197	3,268	4.3	4.1	4.2	
014	Plx3	63	43	106	5,562	5,740	5,634	7.2	7.4	7.3	
014	Plx4	38	31	69	10,972	5,825	8,660	13.7	7.1	10.7	
014	Plx4	15	21	36	13,250	15,795	14,735	17.7	20.0	19.0	
015 Nonspecific Cerebrovascular Disorders											
015	Plx1	69	39	108	6,830	8,758	7,526	7.8	8.5	8.1	
015	Plx2	40	25	65	5,259	5,704	5,430	6.0	5.9	6.0	
015	Plx3	13	4	17	5,549	6,299	5,725	7.9	10.5	8.5	
015	Plx4	8	5	13	7,160	6,434	6,881	9.3	8.8	9.1	
015	Plx4	8	6	14	21,517	38,002	28,582	16.9	26.3	20.9	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
017	Cranial And Peripheral Nerve Diseases		166	152	318		5,647	5,202	5,434		8.2	7.2	7.7	
017		Pix1	125	120	245		4,577	3,907	4,249		6.7	5.4	6.1	
017		Pix2	21	15	36		7,500	8,677	7,991		12.1	11.4	11.8	
017		Pix3	14	7	21		9,677	9,445	9,599		14.4	16.6	15.1	
017		Pix4	8	12	20		20,312	27,436	24,586		24.0	28.8	26.9	
018	Viral Meningitis		96	71	167		2,050	2,085	2,065		3.0	2.9	2.9	
018		Pix1	91	65	156		1,911	2,093	1,987		2.9	2.9	2.9	
018		Pix2	4	4	8		8,798	5,819	7,309		10.8	9.5	10.1	
018		Pix3	2	5	7		2,594	2,949	2,848		3.5	4.2	4.0	
018		Pix4	1	2	5		10,880	5,018	4,838		5.0	5.0	5.0	
019	Infection Except Viral Meningitis		130	131	261		9,129	8,463	8,795		8.2	9.3	8.7	
019		Pix1	78	79	157		5,653	6,291	5,974		6.7	7.9	7.3	
019		Pix2	18	14	32		8,703	11,458	9,908		11.1	11.9	11.5	
019		Pix3	17	22	39		15,754	10,476	12,776		16.2	13.0	14.4	
019		Pix4	28	21	49		25,715	17,238	22,082		15.3	14.3	14.9	
020	Hypertensive Encephalopathy		4	3	7		4,650	8,994	6,512		6.0	8.0	6.9	
020		Pix1	1	2	5		3,017	8,140	5,585		4.0	6.5	5.7	
020		Pix2	2		5		1,633		4,582		4.0		4.0	
020		Pix3												
020		Pix4	1	1	2		12,315	10,701	11,508		12.0	11.0	11.5	
021	Non-Traumatic Stupor And Coma		81	64	145		3,599	4,717	4,093		4.5	5.6	5.0	
021		Pix1	54	37	91		2,813	3,657	3,156		3.7	4.6	4.0	
021		Pix2	12	13	25		7,807	8,223	8,023		10.5	10.8	10.6	
021		Pix3	13	13	26		7,336	6,389	6,863		8.8	8.1	8.4	
021		Pix4	8	4	12		7,697	5,100	6,831		7.6	6.0	7.1	
022	Seizure And Headache		904	966	1,870		2,811	2,581	2,692		3.1	3.0	3.1	
022		Pix1	754	832	1,586		2,575	2,362	2,463		2.9	2.8	2.9	
022		Pix2	79	60	139		3,396	3,261	3,338		3.9	3.9	3.9	
022		Pix3	61	59	120		4,636	3,990	4,318		4.9	4.8	4.9	
022		Pix4	30	22	52		16,200	9,085	13,190		12.5	7.3	10.3	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
028 Other Nervous System Diagnoses													
028	Pix1	264	209	473		6,008	5,062	5,590		5.9	4.9	5.4	
		180	151	331		3,850	3,504	3,692		4.9	4.2	4.5	
028	Pix2	21	23	44		6,422	4,316	5,321		8.3	5.7	6.9	
028	Pix3	25	14	39		8,047	9,931	8,723		7.2	8.7	7.7	
028	Pix4	39	23	62		17,308	15,157	16,510		10.6	9.5	10.2	
040 Tracheostomy And Gastrostomy Procedures													
040	Pix1	244	207	451		72,088	67,128	69,812		49.0	47.3	48.3	
		24	38	62		23,455	20,985	21,941		30.9	25.5	27.6	
040	Pix2	5	7	12		33,099	31,053	31,905		43.2	41.9	42.4	
040	Pix3	25	19	44		32,476	23,666	28,672		42.6	31.2	37.7	
040	Pix4	190	144	334		84,538	87,404	85,774		52.4	56.3	54.1	
050 Orbital Procedures													
050	Pix1	616	48	664		1,659	2,159	1,696		1.0	1.0	1.0	
		615	48	663		1,660	2,159	1,696		1.0	1.0	1.0	
050	Pix2	10	2	12		3,512	3,244	3,468		2.9	2.5	2.8	
050	Pix3	1	1	5		2,185	4,487	3,905		2.0	3.0	2.5	
050	Pix4	1		1		26,531		26,531		42.0		42.0	
051 Other Intraocular Procedures													
051	Pix1	111	45	156		2,032	2,815	2,257		1.5	2.4	1.8	
		107	42	149		1,986	2,803	2,216		1.5	2.4	1.8	
051	Pix2	4	2	6		5,388	2,639	4,472		3.8	1.5	3.0	
051	Pix3	1	1	3		2,151	3,673	3,201		2.0	3.0	2.5	
051	Pix4												
052 Retinal Procedures													
052		607	326	933		1,947	2,148	2,017		1.0	1.0	1.0	
052	Pix1	607	324	931		1,947	2,147	2,016		1.0	1.0	1.0	
052	Pix2	1	3	5		11,939	4,187	5,377		11.0	3.0	5.0	
052	Pix3	1	1	5		5,707	2,297	7,753		11.0	1.0	6.0	
052	Pix4			2				3,685					
053 Iris And Lens Procedures													
053	Pix1	13	5	18		1,769	1,831	1,786		1.3	2.2	1.6	
053	Pix2	13	5	18		1,769	1,831	1,786		1.3	2.2	1.6	
053	Pix3												
053	Pix4												

Schedule 2 -- Inpatient Yearly Comparisons

CHG Code	Description	Ph Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
054	Extracocular Procedures		29	10	39		1,834	2,179	1,922		1.2	1.5	1.3	
054		Pix1	29	10	39		1,834	2,179	1,922		1.2	1.5	1.3	
054		Pix2			2				2,829					
054		Pix3	2		3		15,822		11,782		12.5			
054		Pix4												
055	Lens Insertion (MNRH)		174	41	215		2,404	2,831	2,486		1.0	1.0	1.0	
055		Pix1	172	40	212		2,416	2,841	2,496		1.0	1.0	1.0	
055		Pix2	3	2	5		3,562	3,578	3,569		3.0	1.5	2.4	
055		Pix3												
055		Pix4	1	1	1		7,143	7,143	7,143		2.0	2.0	2.0	
057	Other Ophthalmic Procedures (MNRH)		75	42	117		1,390	1,400	1,394		1.0	1.0	1.0	
057		Pix1	75	41	116		1,390	1,367	1,382		1.0	1.0	1.0	
057		Pix2	2	1	5		7,129	4,630	4,760		4.0	2.0	3.3	
057		Pix3	1	1	1		7,321	7,321	7,321		2.0	2.0	2.0	
057		Pix4	1	2	2		2,744	15,491			1.0	1.0	1.0	
060	Major Eye Infections		28	33	61		3,002	2,194	2,565		4.1	3.5	3.8	
060		Pix1	27	30	57		2,882	2,204	2,525		4.0	3.5	3.8	
060		Pix2	1	1	4		6,239	1,641	4,465		7.0	2.0	4.5	
060		Pix3	1	3	5		29,365	4,028	8,633		31.0	8.0	13.8	
060		Pix4			2				6,792					
062	HypHEMA		4	5	9		2,559	2,004	2,251		4.3	4.2	4.2	
062		Pix1	4	4	8		2,559	1,581	2,070		4.3	4.0	4.1	
062		Pix2												
062		Pix3	1	1	1		3,695	3,695			5.0	5.0	5.0	
062		Pix4												
063	Other Ophthalmic Diagnoses (MNRH)		109	67	176		2,868	3,027	2,928		3.1	3.1	3.1	
063		Pix1	95	61	156		2,513	2,417	2,475		2.7	2.7	2.7	
063		Pix2	8	2	10		3,819	8,283	4,712		4.6	6.5	5.0	
063		Pix3	2	2	5		2,287	1,980	1,900		2.5	4.0	3.3	
063		Pix4	1	2	5		12,977	29,343	16,585		13.0	12.5	12.7	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pik Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002		2000/2001		Blended		2001/2002		2000/2001		Blended	
075	PWS - Radical Laryngectomy And Glossectomy		31	18	49		30,509	28,008	29,590		18.4	17.4	18.1	
075		Pik1	12	7	19		21,260	21,139	21,215		16.2	10.6	14.1	
075		Pik2	9	5	14		29,873	30,428	30,071		17.1	20.2	18.2	
075		Pik3	3	2	5		29,746	22,366	26,794		14.7	11.5	13.4	
075		Pik4	7	4	11		47,511	76,332	57,992		25.6	52.3	35.3	
076	PWS - Major Head And Neck Procedures		162	133	295		17,286	21,473	19,174		9.7	12.2	10.8	
076		Pik1	108	90	198		10,460	14,881	12,470		6.1	8.7	7.3	
076		Pik2	13	12	25		28,526	31,243	29,830		15.2	18.8	16.9	
076		Pik3	23	14	37		24,755	29,847	26,681		15.5	17.0	16.1	
076		Pik4	20	19	39		47,814	50,790	49,264		24.9	26.1	25.5	
077	Less Extensive Head And Neck Procedures		162	175	337		2,839	2,400	2,611		1.5	1.5	1.5	
077		Pik1	153	169	322		2,809	2,370	2,579		1.5	1.5	1.5	
077		Pik2	14	8	22		6,991	8,289	7,463		4.4	4.0	4.2	
077		Pik3		1	5			3,194	10,651			2.0	2.0	
077		Pik4	3	4	7		19,839	31,653	26,589		19.0	16.3	17.4	
078	Cleft Lip And Palate Repair		128	98	226		4,116	3,314	3,768		1.8	1.7	1.7	
078		Pik1	125	96	221		4,103	3,267	3,740		1.8	1.7	1.7	
078		Pik2	2	1	5		6,866	4,036	5,520		2.5	2.0	2.3	
078		Pik3	1	1	5		3,413	7,063	4,874		2.0	2.0	2.0	
078		Pik4	1		1		4,286		4,286		2.0		2.0	
081	Salivary Gland Procedures		119	68	187		3,411	3,181	3,327		1.5	1.5	1.5	
081		Pik1	113	66	179		3,319	3,100	3,238		1.5	1.4	1.5	
081		Pik2	6	2	8		5,322	5,845	5,453		2.3	2.5	2.4	
081		Pik3	2		5		6,032		5,993		4.5		4.5	
081		Pik4		1	1			15,454	15,454		14.0		14.0	
082	Minor Ear, Nose And Throat Procedures		14	12	26		1,826	3,055	2,393		1.5	2.3	1.9	
082		Pik1	14	8	22		1,826	1,451	1,726		1.5	1.4	1.5	
082		Pik2	1	1	5		11,600	3,435	4,966		8.0	2.0	5.0	
082		Pik3			1				2,352					
082		Pik4		1	1			38,218	38,218		10.0		10.0	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	PIX Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
083 Reconstructive ENT Procedures													
083	PIX1	381	225	606		4,983	4,966	4,977		2.2	2.6	2.4	
		368	217	585		4,843	4,881	4,957		2.2	2.5	2.3	
	PIX2	12	8	20		8,528	7,512	8,121		4.3	4.5	4.4	
	PIX3	1		4		11,198		10,638		5.0		5.0	
083	PIX4	1	1	2		8,337	7,135	7,736		2.0	3.0	2.5	
084 Miscellaneous Ear, Nose And Throat Procedures													
084	PIX1	54	55	109		2,356	2,259	2,307		1.5	1.3	1.4	
		53	54	107		2,305	2,202	2,253		1.5	1.3	1.4	
	PIX2	2	1	5		11,652	13,182	9,749		7.0	6.0	6.7	
	PIX3	4	1	5		8,326	5,373	7,735		9.0	3.0	7.8	
084	PIX4	1	1	5		23,734	26,749	29,726		17.0	11.0	14.0	
085 Mastoid Procedures													
085		128	84	212		12,667	11,610	12,248		1.4	1.5	1.4	
	PIX1	125	81	206		12,630	11,652	12,246		1.4	1.5	1.4	
	PIX2	4	3	7		21,313	10,489	16,674		2.5	2.0	2.3	
085	PIX3												
085	PIX4		1	1			32,067	32,067		31.0	31.0	31.0	
086 Other Tonsillar Procedures													
086		19	32	51		2,805	3,292	3,111		2.6	3.3	3.1	
	PIX1	17	28	45		2,468	2,977	2,785		2.4	3.1	2.9	
	PIX2	1	2	5		2,575	1,841	2,163		1.0	1.0	1.0	
086	PIX3		1	2			11,545	7,566		9.0	9.0	9.0	
086	PIX4												
087 Sinus Procedures													
087		105	38	143		1,933	1,723	1,877		1.0	1.0	1.0	
	PIX1	102	38	140		1,930	1,723	1,874		1.0	1.0	1.0	
	PIX2	4	1	5		5,645	2,450	5,006		2.5	2.0	2.4	
	PIX3	6		6		4,512		4,512		3.7		3.7	
087	PIX4		2	5			22,720	23,005		25.0	25.0	25.0	
088 Ethmoidectomy (MNRH)													
088		33	27	60		2,005	1,699	1,868		1.0	1.0	1.0	
	PIX1	32	26	58		1,994	1,715	1,869		1.0	1.0	1.0	
	PIX2	1		3		2,359		2,230		1.0		1.0	
088	PIX3		2	4			2,922	3,074		1.5	1.5	1.5	
088	PIX4												

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
089	Dental Extraction Or Restoration (MNRH)		77	49	126		2,375	2,102	2,269		1.4	1.3	1.3	
089		Plx1	72	46	118		2,328	2,110	2,243		1.4	1.3	1.3	
089		Plx2	3	3	6		3,548	1,966	2,757		1.7	1.0	1.3	
089		Plx3	2		5		2,307		3,802		2.0		2.0	
089		Plx4	1		1		15,160		15,160		15.0		15.0	
090	External And Middle Ear Procedures (MNRH)		73	16	89		1,599	2,193	1,706		1.0	1.0	1.0	
090		Plx1	73	16	89		1,599	2,193	1,706		1.0	1.0	1.0	
090		Plx2			1				2,072					
090		Plx3												
090		Plx4												
091	Nasal Procedures (MNRH)		22	33	55		1,695	1,707	1,702		1.0	1.0	1.0	
091		Plx1	22	33	55		1,695	1,707	1,702		1.0	1.0	1.0	
091		Plx2			1				2,123					
091		Plx3												
091		Plx4												
092	Myringotomy (MNRH)		5	7	12		2,148	3,745	3,079		2.0	3.1	2.7	
092		Plx1	4	3	7		2,076	1,646	1,892		2.0	1.0	1.6	
092		Plx2	1	1	5		2,433	3,055	3,708		2.0	3.0	2.5	
092		Plx3		2	3			6,177	4,182			5.5	5.5	
092		Plx4												
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		177	199	376		2,143	1,944	2,038		1.0	1.0	1.0	
093		Plx1	176	195	371		2,127	1,934	2,025		1.0	1.0	1.0	
093		Plx2	1	6	7		5,160	3,437	3,683		3.0	2.2	2.3	
093		Plx3	2	1	5		3,717	2,487	5,788		1.5	2.0	1.7	
093		Plx4		3	4			9,180	14,262			4.3	4.3	
100	ENT Malignancy		48	25	73		5,865	4,955	5,553		8.0	5.9	7.3	
100		Plx1	33	16	49		3,453	2,579	3,167		4.8	2.6	4.1	
100		Plx2	9	6	15		9,734	9,769	9,748		15.0	13.0	14.2	
100		Plx3	4	4	8		18,763	20,617	19,690		24.5	16.8	20.6	
100		Plx4	4	1	5		20,117	69,003	29,894		21.3	59.0	28.8	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ph Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
101	Acute Suppurative Infections		26	34	60		2,311	3,283	2,862		3.3	4.5	4.0	
101		Pix1	25	31	56		2,290	3,074	2,724		3.1	4.4	3.8	
101		Pix2			3				3,551					
101		Pix3	1	2	5		2,828	7,192	4,691		7.0	7.0	7.0	
101		Pix4		1	3			1,941	4,335			3.0	3.0	
102	Dysequilibrium		170	166	336		2,207	2,182	2,195		4.0	3.9	3.9	
102		Pix1	156	148	304		2,049	1,923	1,987		3.6	3.4	3.5	
102		Pix2	6	12	18		2,875	4,949	4,257		5.2	9.6	8.1	
102		Pix3	1	2	5		3,472	1,568	3,111		7.0	3.5	4.7	
102		Pix4	1		3		2,968		2,407		6.0		6.0	
104	Influenza		174	204	378		2,347	2,144	2,238		3.0	2.6	2.8	
104		Pix1	149	170	319		2,222	1,797	1,995		2.8	2.5	2.7	
104		Pix2	20	15	35		3,239	1,635	2,552		4.3	2.5	3.5	
104		Pix3	5	11	16		3,240	3,037	3,100		3.8	3.4	3.5	
104		Pix4	1	9	10		1,294	9,543	8,718		2.0	5.4	5.1	
107	Epiglottitis		16	22	38		3,767	2,405	2,978		2.8	2.0	2.4	
107		Pix1	15	21	36		3,322	2,385	2,776		2.5	2.0	2.2	
107		Pix2		1	2			2,810	2,919			3.0	3.0	
107		Pix3												
107		Pix4			1				15,338					
108	Epistaxis		125	122	247		1,886	1,946	1,916		3.3	3.1	3.2	
108		Pix1	111	104	215		1,722	1,488	1,609		3.1	2.6	2.9	
108		Pix2	8	9	17		2,155	5,317	3,829		3.6	6.8	5.3	
108		Pix3	3	5	8		4,657	4,000	4,246		7.3	3.6	5.0	
108		Pix4		3	4			10,033	8,126		11.3		11.3	
109	Other ENT Infections		109	114	223		2,387	2,316	2,351		3.0	3.5	3.2	
109		Pix1	94	86	180		2,214	1,673	1,956		2.9	2.7	2.8	
109		Pix2	7	12	19		3,974	4,044	4,018		4.0	4.7	4.4	
109		Pix3	8	6	14		3,031	2,094	2,630		3.0	3.3	3.1	
109		Pix4		5	5			10,526	10,526		11.8		11.8	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
113	Sinusitis (MNRH)		30	25	55		2,536	2,262	2,412		3.9	3.2	3.5	
113		Pix1	29	22	51		2,467	2,172	2,340		3.8	3.1	3.5	
113		Pix2	1	3	5		4,536	2,927	2,929		5.0	3.7	4.0	
113		Pix3			5				2,428					
113		Pix4			3				2,485					
114	Sore Throat (MNRH)		160	173	333		1,410	1,634	1,526		2.2	2.4	2.3	
114		Pix1	149	160	309		1,331	1,544	1,441		2.2	2.4	2.3	
114		Pix2	6	8	14		2,758	3,343	3,093		3.2	3.8	3.5	
114		Pix3	5	5	10		3,035	1,796	2,416		4.2	3.2	3.7	
114		Pix4	2	1	5		13,530	5,927	10,084		8.5	12.0	9.7	
115	Miscellaneous ENT Diagnoses (MNRH)		388	97	485		667	1,764	886		1.2	1.7	1.3	
115		Pix1	376	87	463		542	1,686	757		1.2	1.6	1.3	
115		Pix2	11	11	22		5,015	3,327	4,171		3.5	4.3	3.9	
115		Pix3	11	8	19		6,752	5,295	6,139		7.1	5.6	6.5	
115		Pix4	5	3	8		12,635	12,751	12,678		4.4	12.3	7.4	
116	Croup (MNRH)		184	89	273		1,409	1,597	1,470		1.5	1.5	1.5	
116		Pix1	180	84	264		1,388	1,599	1,455		1.4	1.4	1.4	
116		Pix2	4	1	5		2,349	653	2,010		3.3	1.0	2.8	
116		Pix3	1	4	5		10,369	2,291	3,907		5.0	3.5	3.8	
116		Pix4	2	1	4		17,508	2,378	14,209		7.0	2.0	5.3	
125	Tracheostomy		102	91	193		104,970	102,304	103,713		51.8	50.5	51.2	
125		Pix1	3	8	11		6,087	16,676	13,788		7.7	12.6	11.3	
125		Pix2	1		5		71,170		62,060		30.0		30.0	
125		Pix3	2	3	5		51,133	16,140	30,137		30.0	8.7	17.2	
125		Pix4	96	80	176		109,534	114,098	111,609		53.9	55.9	54.8	
126	PWS - Resection Of Lung		237	135	372		11,262	12,490	11,707		7.9	8.6	8.2	
126		Pix1	158	88	246		9,438	9,802	9,568		6.8	7.6	7.1	
126		Pix2	39	24	63		11,628	12,057	11,792		9.0	9.8	9.3	
126		Pix3	28	11	39		15,183	11,753	14,216		11.5	9.1	10.8	
126		Pix4	17	15	32		30,499	34,596	32,420		17.4	17.7	17.5	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
127	Major Respiratory Procedures		521	427	948		10,996	10,547	10,794		9.5	9.2	9.3	
127		Pix1	304	254	558		6,961	6,627	6,809		6.4	6.3	6.3	
127		Pix2	103	64	167		10,942	10,344	10,713		11.1	10.5	10.9	
127		Pix3	48	49	97		12,318	11,271	11,789		14.4	10.4	12.4	
127		Pix4	75	60	135		33,195	39,832	36,145		23.3	24.3	23.7	
128	Minor Respiratory Procedures		67	48	115		9,116	7,439	8,416		5.4	4.9	5.2	
128		Pix1	48	37	85		7,133	5,378	6,369		3.9	4.1	4.0	
128		Pix2	7	6	13		14,663	5,188	10,290		12.4	3.8	8.5	
128		Pix3	6	2	8		6,551	15,914	8,892		6.0	11.5	7.4	
128		Pix4	6	5	11		22,402	48,535	34,281		10.7	28.0	18.5	
129	Other Respiratory Procedures		210	185	395		3,531	3,365	3,454		2.3	2.1	2.2	
129		Pix1	176	154	330		2,968	2,762	2,872		1.4	1.4	1.4	
129		Pix2	11	8	19		6,813	6,277	6,587		8.5	7.0	7.8	
129		Pix3	12	9	21		11,849	7,878	10,147		16.3	9.8	13.5	
129		Pix4	11	11	22		26,843	24,659	25,751		23.5	20.5	22.0	
135	Tuberculosis		41	50	91		11,190	11,401	11,306		22.0	21.3	21.6	
135		Pix1	35	34	69		11,239	11,266	11,253		22.6	22.4	22.5	
135		Pix2	4	6	10		7,918	9,627	8,943		12.8	16.5	15.0	
135		Pix3	2	5	7		16,870	9,095	11,316		30.0	14.8	19.1	
135		Pix4		4	5		15,767	17,040			20.8	20.8		
136	Respiratory Failure		335	166	501		13,252	14,535	13,677		10.1	10.5	10.3	
136		Pix1	77	49	126		6,488	6,889	6,644		7.8	7.0	7.5	
136		Pix2	78	25	103		7,532	8,737	7,824		8.5	7.6	8.3	
136		Pix3	54	30	84		8,346	10,780	9,215		6.9	10.4	8.1	
136		Pix4	123	62	185		23,099	26,079	24,098		13.8	15.1	14.2	
137	Respiratory Infections And Inflammations		547	362	909		9,454	7,932	8,848		9.6	8.5	9.2	
137		Pix1	231	166	397		5,934	5,012	5,548		7.1	6.6	6.9	
137		Pix2	103	64	167		7,667	7,228	7,499		9.9	9.4	9.7	
137		Pix3	91	60	151		10,794	8,806	10,004		12.3	9.7	11.3	
137		Pix4	132	75	207		20,642	17,074	19,349		14.6	12.7	13.9	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
138	Respiratory Neoplasms		579	396	975	7,748	7,289	7,562	11.1	10.0	10.6
138		Pk1	219	156	375	5,825	4,987	5,435	8.3	6.8	7.7
138		Pk2	180	115	295	7,845	7,339	7,648	12.5	11.5	12.1
138		Pk3	109	74	183	9,513	8,703	9,185	14.0	12.4	13.3
138		Pk4	74	54	128	12,157	13,789	12,845	14.0	14.1	14.1
139	Interstitial Disease		142	109	251	7,103	7,205	7,147	7.8	8.9	8.3
139		Pk1	66	52	118	3,676	5,089	4,299	5.1	6.2	5.6
139		Pk2	24	19	43	5,672	6,906	6,217	8.8	10.5	9.5
139		Pk3	30	31	61	7,256	9,147	8,217	9.3	11.4	10.4
139		Pk4	27	9	36	21,776	20,699	21,507	18.1	20.3	18.7
140	Chronic Obstructive Pulmonary Disease (COPD)		234	183	417	4,814	4,483	4,669	7.6	7.5	7.6
140		Pk1	122	104	226	3,729	3,686	3,709	6.5	6.7	6.6
140		Pk2	65	47	112	4,615	4,460	4,550	8.2	8.2	8.2
140		Pk3	27	28	55	7,375	7,241	7,307	10.5	12.2	11.4
140		Pk4	27	15	42	11,777	17,252	13,733	15.9	25.0	19.1
141	Pulmonary Edema		92	63	155	7,660	9,734	8,503	6.7	6.9	6.8
141		Pk1	42	26	68	3,914	3,862	3,894	4.1	4.8	4.3
141		Pk2	20	16	36	6,721	4,357	5,670	6.0	5.9	5.9
141		Pk3	15	6	21	10,085	5,472	8,767	10.1	5.3	8.7
141		Pk4	21	15	36	28,209	29,716	28,837	19.3	12.7	16.6
142	Chronic Bronchitis		1,682	1,069	2,751	4,194	4,130	4,169	6.6	6.7	6.6
142		Pk1	1,023	644	1,667	3,076	2,964	3,032	5.5	5.6	5.5
142		Pk2	370	256	626	4,504	4,278	4,412	7.5	7.7	7.6
142		Pk3	205	112	317	6,659	7,061	6,801	9.9	9.9	9.9
142		Pk4	114	78	192	14,548	14,824	14,660	15.1	14.3	14.8
143	Simple Pneumonia And Pleurisy		3,133	2,530	5,663	4,209	3,957	4,097	5.7	5.6	5.7
143		Pk1	2,026	1,741	3,767	3,044	2,867	2,962	4.6	4.7	4.7
143		Pk2	553	392	945	4,876	4,442	4,696	7.5	7.0	7.3
143		Pk3	365	233	598	7,231	6,779	7,055	9.9	9.0	9.5
143		Pk4	289	210	499	14,768	14,777	14,772	13.3	13.5	13.4

Schedule 2 -- Inpatient Yearly Comparisons

CHG Code	Description	Ph Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
144	Pneumothorax		184	131	315		3,215	3,350	3,271		4.7	4.4	4.5	
144		Pix1	151	113	264		2,804	2,893	2,842		4.3	4.0	4.2	
144		Pix2	23	11	34		4,745	5,413	4,961		6.5	5.7	6.3	
144		Pix3	10	6	16		8,808	12,302	10,119		10.9	13.2	11.8	
144		Pix4	5	4	9		10,445	12,539	11,376		15.0	12.8	14.0	
145	Tracheobronchitis		667	967	1,634		2,962	2,900	2,925		3.2	3.4	3.3	
145		Pix1	592	861	1,453		2,962	2,805	2,869		3.2	3.4	3.3	
145		Pix2	78	88	166		4,432	4,335	4,380		5.3	4.6	4.9	
145		Pix3	24	52	76		5,536	5,536	5,536		6.1	5.9	5.9	
145		Pix4	19	34	53		41,464	34,798	37,188		16.6	14.5	15.2	
146	Asthma		1,174	1,176	2,350		2,354	2,089	2,222		2.9	2.8	2.8	
146		Pix1	1,005	1,036	2,041		2,098	1,856	1,975		2.6	2.6	2.6	
146		Pix2	128	114	242		3,239	2,889	3,074		4.5	4.3	4.4	
146		Pix3	40	30	70		5,401	4,517	5,022		5.6	5.0	5.3	
146		Pix4	14	8	22		16,690	28,153	20,858		8.8	13.6	10.5	
147	Other Respiratory Diagnoses		615	415	1,030		3,367	3,648	3,480		3.6	4.0	3.8	
147		Pix1	461	279	740		2,329	2,833	2,519		2.8	3.3	3.0	
147		Pix2	71	76	147		3,774	4,020	3,901		4.5	5.0	4.8	
147		Pix3	60	44	104		6,787	6,042	6,472		8.1	6.6	7.5	
147		Pix4	34	25	59		27,166	18,211	23,371		13.4	12.6	13.0	
175	PWS - Heart Or Lung Transplant		68	51	119		76,134	68,783	72,984		33.3	26.5	30.4	
175		Pix1	3	6	9		43,073	48,069	46,404		18.7	19.0	18.9	
175		Pix2	8	9	17		40,820	51,265	46,350		17.1	16.0	16.5	
175		Pix3	13	8	21		44,570	50,790	46,940		19.1	19.9	19.4	
175		Pix4	43	34	77		94,171	114,065	102,955		42.4	49.6	45.6	
PWS - Cardiac Valve Replacement With Heart Pump With Cardiac														
176	Cath		38	65	103		40,427	34,340	36,586		25.4	22.6	23.6	
176		Pix1	4	8	12		22,310	28,271	26,284		11.5	17.4	15.4	
176		Pix2	12	31	43		32,028	28,080	29,182		21.8	18.5	19.5	
176		Pix3	6	13	19		35,856	38,138	37,417		23.3	28.2	26.7	
176		Pix4	17	13	30		55,457	49,205	52,748		35.1	29.7	32.8	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath											
177	Cath		415	425	840	21,954	23,086	22,527	9.0	9.5	9.3
177		Plx1	159	148	307	16,838	18,136	17,464	6.4	7.0	6.7
177		Plx2	114	127	241	20,988	20,550	20,757	8.9	8.9	8.9
177		Plx3	79	89	168	25,440	25,959	25,715	12.1	12.2	12.2
177		Plx4	86	79	165	45,678	47,418	46,511	19.1	20.5	19.1
PWS - Coronary Bypass With Heart Pump With Cardiac Cath											
178			309	313	622	28,408	28,023	28,214	18.6	18.9	18.8
178		Plx1	34	30	64	20,780	21,516	21,125	15.4	14.9	15.2
178		Plx2	133	136	269	22,372	23,523	22,954	16.3	17.1	16.7
178		Plx3	68	76	144	30,515	25,726	27,987	19.9	18.4	19.1
178		Plx4	77	74	151	43,895	44,680	44,280	24.8	26.1	25.4
PWS - Coronary Bypass With Heart Pump Without Cardiac Cath											
179			1,377	1,287	2,664	16,014	15,977	15,996	8.0	8.1	8.1
179		Plx1	373	398	771	12,672	13,265	12,978	5.6	5.9	5.7
179		Plx2	567	554	1,121	14,950	14,970	14,960	7.9	8.0	7.9
179		Plx3	285	227	512	18,005	19,053	18,470	9.3	10.2	9.7
179		Plx4	163	105	268	31,987	34,326	32,904	15.7	16.9	16.2
PWS - Other Cardio-Thoracic Procedures With Heart Pump With											
181	Cardiac Cath		25	22	47	68,444	45,743	57,818	22.0	17.9	20.1
181		Plx1	1	3	5	18,411	17,153	17,862	18.0	14.0	15.0
181		Plx2	4	6	10	18,151	32,418	26,711	11.8	19.5	16.4
181		Plx3	1	5	6	67,398	38,233	43,094	30.0	14.6	17.2
181		Plx4	20	8	28	84,304	71,151	80,546	26.9	20.3	25.0
PWS - Other Cardio-Thoracic Procedures With Heart Pump Without											
182	Cardiac Cath		291	209	500	20,474	18,633	19,705	7.7	7.4	7.6
182		Plx1	105	85	190	14,637	14,234	14,456	5.5	5.5	5.5
182		Plx2	63	63	126	16,958	17,380	17,169	6.9	7.2	7.0
182		Plx3	50	23	73	19,306	19,128	19,250	7.4	7.4	7.4
182		Plx4	76	37	113	38,654	38,074	38,464	13.6	14.4	13.9
PWS - Major Cardio-Thoracic Procedures Without Heart Pump With											
183	Cardiac Cath		81	67	148	21,257	20,279	20,814	11.1	11.1	11.1

Schedule 2 -- Inpatient Yearly Comparisons

CHC Code	Description	Ph Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
183		Pix1	12	7	19	10,014	11,297	10,487	6.3	8.7	7.2
183		Pix2	20	16	36	18,340	17,790	18,096	13.1	14.6	13.8
183		Pix3	14	14	28	18,825	12,760	15,793	9.4	6.6	8.0
183		Pix4	36	31	67	28,052	28,382	28,205	14.0	13.3	13.7
PWS - Major Cardio-Thoracic Procedures Without Heart Pump											
184	Without Cardiac Cath		121	95	216	18,992	19,328	19,140	11.2	9.9	10.6
184		Pix1	32	27	59	13,017	11,253	12,209	8.6	8.3	8.4
184		Pix2	25	20	45	12,243	16,242	14,020	7.9	7.8	7.8
184		Pix3	20	19	39	18,437	16,383	17,436	11.5	10.1	10.8
184		Pix4	45	31	76	30,449	33,380	31,645	16.4	14.9	15.8
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		214	138	352	34,942	34,651	34,828	11.2	12.8	11.8
185		Pix1	74	48	122	32,794	31,693	32,361	6.6	7.5	6.9
185		Pix2	73	37	110	32,875	34,661	33,476	9.4	12.6	10.5
185		Pix3	41	29	70	34,402	38,230	35,988	14.2	16.6	15.2
185		Pix4	25	23	48	48,163	35,936	42,304	23.9	18.3	21.2
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		633	465	1,098	16,173	18,168	17,018	5.2	5.4	5.3
186		Pix1	457	333	790	14,782	16,591	15,545	3.7	3.5	3.6
186		Pix2	99	80	179	19,956	21,638	20,708	8.8	10.2	9.4
186		Pix3	58	47	105	20,557	23,296	21,783	9.5	13.8	11.4
186		Pix4	29	23	52	25,583	31,856	28,358	16.1	16.6	16.3
PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions											
188			1,104	832	1,936	10,207	10,317	10,254	4.5	4.6	4.5
188		Pix1	727	590	1,317	9,457	9,661	9,548	3.8	4.0	3.9
188		Pix2	240	163	403	10,895	11,225	11,028	5.7	5.4	5.5
188		Pix3	99	62	161	12,583	13,810	13,055	7.2	8.9	7.9
188		Pix4	63	38	101	20,025	20,404	20,167	11.3	12.9	11.9
PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions											
189			1,166	1,155	2,321	7,810	7,827	7,818	2.4	2.5	2.5
189		Pix1	384	373	757	6,805	6,704	6,755	1.0	1.0	1.0
189		Pix2	621	628	1,249	8,170	8,282	8,226	2.9	3.1	3.0
189		Pix3	74	68	142	10,040	11,528	10,753	6.0	6.7	6.3

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
189		Plx4	18	16	34		22,151	22,806	22,460		12.9	14.4	13.6	
191	Temporary Cardiac Pacemaker		40	40	80		9,397	9,017	9,207		7.0	7.5	7.2	
191		Plx1	10	14	24		6,002	5,729	5,843		3.4	5.8	4.8	
191		Plx2	7	3	10		7,251	3,299	6,065		4.9	3.3	4.4	
191		Plx3	7	7	14		8,896	6,753	7,824		6.7	6.9	6.8	
191		Plx4	16	16	32		14,235	13,957	14,096		11.4	10.0	10.7	
193	Cardiac Pacemaker Device Replacement Or Revision		115	85	200		13,333	10,229	12,014		2.3	2.0	2.2	
193		Plx1	91	69	160		11,085	9,389	10,353		1.5	1.4	1.4	
193		Plx2	7	7	14		26,231	19,267	22,749		7.4	8.1	7.8	
193		Plx3	9	5	14		26,344	15,414	22,440		9.4	4.4	7.6	
193		Plx4	1	1	4		34,850	19,349	18,462		21.0	12.0	16.5	
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		189	179	368		5,265	4,996	5,134		2.1	2.2	2.2	
194		Plx1	150	134	284		3,895	3,924	3,909		1.3	1.3	1.3	
194		Plx2	19	19	38		7,649	6,475	7,062		4.7	4.6	4.7	
194		Plx3	4	7	11		9,882	10,227	10,101		7.0	6.3	6.5	
194		Plx4	10	9	19		44,029	29,912	37,342		21.7	10.7	16.5	
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		78	43	121		9,425	6,346	8,330		5.5	4.0	5.0	
200		Plx1	20	7	27		4,575	3,111	4,195		3.6	1.9	3.1	
200		Plx2	17	12	29		7,923	5,371	6,867		6.1	2.9	4.8	
200		Plx3	11	12	23		8,449	6,043	7,194		4.0	4.4	4.2	
200		Plx4	30	11	41		14,636	11,104	13,688		7.7	5.5	7.1	
201	AMI With Cardiac Cath With Congestive Heart Failure		85	40	125		12,383	10,855	11,894		11.4	11.5	11.5	
201		Plx1	53	25	78		10,695	9,660	10,363		10.6	11.4	10.8	
201		Plx2	16	7	23		16,937	10,644	15,021		14.4	13.3	14.0	
201		Plx3	11	5	16		12,786	9,365	11,717		11.4	8.2	10.4	
201		Plx4	5	3	8		14,811	23,788	18,177		11.2	14.0	12.3	
202	AMI With Cardiac Cath With Ventricular Tachycardia		21	9	30		9,545	6,363	8,590		7.6	10.6	8.5	
202		Plx1	15	7	22		8,203	5,886	7,465		6.9	8.9	7.5	
202		Plx2	3		5		15,109		13,199		9.0		9.0	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Ph Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
202	Pix3	2	2	5	10,259	8,035	9,410	9.0	16.5	12.8
202	Pix4	1	1	4	11,557	42,491	26,802	11.0	22.0	16.5
203	AMI With Cardiac Cath With Angina	55	20	75	9,430	5,791	8,460	9.2	8.7	9.1
203	Pix1	44	14	58	8,990	5,767	8,212	8.4	8.1	8.3
203	Pix2	8	5	13	11,239	5,877	9,177	14.4	10.6	12.9
203	Pix3	2	1	5	11,964	5,694	10,733	10.5	6.0	9.0
203	Pix4	1	3	3	9,243		19,311	3.0		3.0
204	AMI With Cardiac Cath Without Specified Cardiac Conditions	345	139	484	9,071	7,047	8,490	7.7	8.2	7.9
204	Pix1	304	118	422	8,715	6,389	8,064	7.2	7.8	7.4
204	Pix2	17	8	25	8,664	8,571	8,634	8.5	9.3	8.8
204	Pix3	16	4	20	14,051	6,278	12,496	13.3	7.8	12.2
204	Pix4	5	7	12	13,662	14,732	14,286	10.0	10.6	10.3
205	AMI Without Cardiac Cath With Congestive Heart Failure	218	203	421	8,998	7,627	8,337	9.5	10.4	9.9
205	Pix1	119	112	231	7,444	6,078	6,782	8.1	8.8	8.5
205	Pix2	36	39	75	9,345	8,586	8,950	9.4	11.1	10.3
205	Pix3	40	28	68	9,364	9,468	9,407	10.2	12.5	11.1
205	Pix4	24	25	49	17,658	14,278	15,934	17.0	16.9	17.0
206	AMI Without Cardiac Cath With Ventricular Tachycardia	53	40	93	7,175	4,807	6,157	7.1	5.6	6.4
206	Pix1	31	28	59	6,004	4,109	5,105	6.4	4.8	5.6
206	Pix2	13	5	18	9,847	4,029	8,230	8.5	5.2	7.6
206	Pix3	5	4	9	6,430	6,290	6,368	7.4	8.0	7.7
206	Pix4	4	2	6	8,499	13,221	10,073	7.5	8.5	7.8
207	AMI Without Cardiac Cath With Angina	49	50	99	5,778	4,963	5,366	5.7	7.8	6.7
207	Pix1	41	45	86	5,342	4,890	5,106	5.3	7.7	6.5
207	Pix2	5	3	8	6,864	4,114	5,833	7.2	9.3	8.0
207	Pix3	3	1	5	9,921	13,132	10,589	8.0	17.0	10.3
207	Pix4		1	3	2,609		6,199		1.0	1.0
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions	893	616	1,509	5,188	4,426	4,877	5.2	5.6	5.3
208	Pix1	766	521	1,287	4,976	4,212	4,667	5.1	5.5	5.3
208	Pix2	60	48	108	7,665	5,068	6,511	8.0	7.1	7.6

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Ph Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
208	Plx3	51	34	85		6,782	6,289	6,585		6.7	7.9	7.2	
208	Plx4	41	27	68		14,298	10,009	12,595		9.7	9.9	9.8	
Unstable Angina With Cardiac Cath With Specified Cardiac													
210	Conditions	11	7	18		9,058	4,823	7,411		9.2	9.1	9.2	
210	Plx1	8	6	14		8,936	5,310	7,382		8.5	9.7	9.0	
210	Plx2	1	1	2		4,504	1,902	3,203		6.0	6.0	6.0	
210	Plx3	1	2	2		11,903		17,983		17.0		17.0	
210	Plx4	2	2	2		25,058		25,058		19.5		19.5	
Unstable Angina With Cardiac Cath Without Specified Cardiac													
211	Conditions	81	41	122		8,874	3,877	7,195		8.3	7.8	8.2	
211	Plx1	76	37	113		8,708	3,620	7,042		8.1	7.8	8.0	
211	Plx2	3	3	6		7,636	4,880	6,258		9.3	8.0	8.7	
211	Plx3	1	1	3		7,838	10,364	8,880		6.0	7.0	6.5	
211	Plx4	1		2		26,255		27,739		23.0		23.0	
Unstable Angina Without Cardiac Cath With Specified Cardiac													
212	Conditions	35	39	74		6,226	3,490	4,784		6.2	5.7	5.9	
212	Plx1	30	29	59		5,920	2,906	4,438		5.9	5.0	5.4	
212	Plx2	4	8	12		7,756	4,639	5,678		6.0	6.9	6.6	
212	Plx3	1	2	5		25,874	7,356	10,262		26.0	12.5	17.0	
212	Plx4			5				8,228					
Unstable Angina Without Cardiac Cath Without Specified Cardiac													
213	Conditions	253	321	574		3,326	2,527	2,879		3.7	4.1	3.9	
213	Plx1	243	302	545		3,293	2,487	2,846		3.7	4.1	3.9	
213	Plx2	10	17	27		3,812	3,724	3,756		6.9	5.9	6.3	
213	Plx3		3	5			1,551	3,945			3.0	3.0	
213	Plx4	3	1	5		8,675	957	7,523		9.0	1.0	7.0	
Cardiac Cath With Congestive Heart Failure													
215	Conditions	211	128	339		10,797	13,936	11,982		11.5	13.4	12.2	
215	Plx1	148	76	224		8,904	8,568	8,790		10.0	10.4	10.2	
215	Plx2	24	14	38		12,708	12,926	12,789		13.1	17.4	14.7	
215	Plx3	21	14	35		14,203	19,570	16,350		15.4	18.1	16.5	
215	Plx4	20	28	48		22,396	30,441	27,089		19.7	21.8	20.9	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ph Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
216	Cardiac Cath With Ventricular Tachycardia		96	76	172		7,806	8,906	8,292		7.7	8.8	8.2	
216		Pix1	88	63	151		7,145	7,841	7,435		7.4	8.2	7.7	
216		Pix2	5	7	12		9,594	11,758	10,857		9.4	12.3	11.1	
216		Pix3	2	3	5		26,134	15,306	19,637		24.5	12.3	17.2	
216		Pix4	2	3	5		26,277	18,220	21,443		15.5	9.0	11.6	
217	Cardiac Cath With Unstable Angina		288	188	476		6,824	5,766	6,406		6.8	6.1	6.5	
217		Pix1	261	170	431		6,457	5,481	6,072		6.3	5.7	6.1	
217		Pix2	16	12	28		10,763	7,791	9,489		10.8	7.8	9.5	
217		Pix3	9	5	14		10,562	8,927	9,978		14.9	11.4	13.6	
217		Pix4	1	2	5		7,126	24,963	15,794		12.0	25.5	21.0	
218	Cardiac Cath Without Specified Cardiac Conditions		560	443	1,003		4,795	4,622	4,719		4.2	4.4	4.3	
218		Pix1	520	412	932		4,679	4,368	4,541		4.1	4.3	4.2	
218		Pix2	30	24	54		5,955	5,662	5,825		5.6	5.7	5.6	
218		Pix3	14	5	19		10,463	7,936	9,798		9.9	9.8	9.8	
218		Pix4	2	4	6		15,907	26,326	22,853		22.0	11.0	14.7	
219	Endocarditis		51	53	104		12,041	9,162	10,574		15.3	13.0	14.1	
219		Pix1	15	25	40		5,964	6,633	6,382		10.5	8.3	9.2	
219		Pix2	7	6	13		11,731	7,964	9,992		14.9	13.7	14.3	
219		Pix3	12	9	21		10,213	11,479	10,756		13.3	17.6	15.1	
219		Pix4	17	12	29		18,822	12,333	16,137		21.1	16.8	19.3	
220	Pulmonary Embolism		426	325	751		4,364	5,221	4,734		6.2	6.9	6.5	
220		Pix1	255	183	438		3,561	4,230	3,840		5.7	6.2	5.9	
220		Pix2	115	94	209		4,471	5,199	4,798		6.1	7.4	6.7	
220		Pix3	39	33	72		6,980	7,841	7,375		9.7	10.1	9.9	
220		Pix4	21	23	44		11,633	15,527	13,669		9.4	12.3	11.0	
222	Heart Failure		1,805	1,347	3,152		5,598	5,091	5,382		8.4	8.5	8.4	
222		Pix1	1,113	836	1,949		4,172	3,901	4,056		6.8	7.0	6.9	
222		Pix2	307	252	559		5,882	5,429	5,678		9.4	9.7	9.5	
222		Pix3	209	147	356		8,012	7,604	7,843		12.0	12.9	12.4	
222		Pix4	219	132	351		16,337	14,145	15,513		19.9	16.9	18.8	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Phx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
225	Hypertensive Heart Disease		71	48	119	5,353	3,977	4,798	8.2	6.9	7.7
225		Phx1	43	32	75	3,656	3,352	3,526	5.7	5.9	5.8
225		Phx2	10	9	19	6,360	3,063	4,798	11.2	6.0	8.7
225		Phx3	10	6	16	8,903	8,925	8,911	11.0	14.3	12.3
225		Phx4	9	2	11	11,520	8,399	10,952	17.7	17.5	17.6
226	Other Circulatory Diagnoses		482	390	872	5,212	4,199	4,759	6.0	5.4	5.7
226		Phx1	308	252	560	3,533	3,186	3,377	4.4	4.3	4.4
226		Phx2	80	77	157	6,095	4,953	5,535	7.6	7.2	7.4
226		Phx3	51	53	104	7,706	7,723	7,715	10.5	9.1	9.8
226		Phx4	50	19	69	17,891	17,899	17,893	13.9	15.9	14.5
229	Atherosclerosis (MNRH)		999	910	1,909	4,392	4,197	4,299	6.2	6.1	6.2
229		Phx1	820	743	1,563	3,957	3,871	3,916	5.7	5.6	5.7
229		Phx2	126	114	240	6,308	5,617	5,980	8.7	7.5	8.1
229		Phx3	41	45	86	8,322	8,557	8,445	11.3	13.4	12.4
229		Phx4	19	16	35	14,748	9,652	12,418	13.9	13.7	13.8
232	Acquired Valvular Disorders (MNRH)		58	51	109	5,708	4,915	5,337	8.3	8.7	8.5
232		Phx1	38	31	69	4,026	4,162	4,087	6.3	8.5	7.3
232		Phx2	13	14	27	7,785	7,368	7,569	13.5	10.4	11.9
232		Phx3	5	6	11	6,217	3,079	4,506	7.4	5.8	6.5
232		Phx4	2	1	5	22,891	17,844	14,659	16.0	36.0	22.7
233	Hypertension (MNRH)		127	140	267	2,582	2,903	2,750	4.1	4.2	4.1
233		Phx1	102	103	205	2,270	1,999	2,134	3.7	3.0	3.4
233		Phx2	19	18	37	3,566	4,183	3,867	5.9	6.6	6.2
233		Phx3	5	7	12	4,109	6,645	5,588	8.0	10.7	9.6
233		Phx4	4	6	10	16,982	15,975	16,378	16.5	13.8	14.9
234	Congenital Cardiac Disorders (MNRH)		27	15	42	10,178	3,044	7,630	5.4	4.1	5.0
234		Phx1	10	8	18	4,753	1,795	3,439	3.2	3.0	3.1
234		Phx2	10	4	14	5,175	3,192	4,608	4.3	4.3	4.3
234		Phx3	4	2	6	11,869	8,240	10,660	13.0	8.5	11.5
234		Phx4	4	1	5	36,878	2,046	29,912	11.8	3.0	10.0

Schedule 2 -- Inpatient Yearly Comparisons

CHG Code Description	Ph Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
235 Angina Pectoris		135	156	291		2,755	2,234	2,476		3.4	3.6	3.5	
235	Pix1	124	142	266		2,661	2,210	2,420		3.3	3.5	3.4	
235	Pix2	11	12	23		4,342	2,563	3,414		5.7	5.2	5.4	
235	Pix3	4	6	10		5,800	5,184	5,430		9.3	8.7	8.9	
235	Pix4			1				1,982					
237 Arrhythmia		1,162	1,004	2,166		3,800	3,256	3,548		5.0	4.9	5.0	
237	Pix1	849	769	1,618		3,049	2,641	2,855		4.0	4.1	4.1	
237	Pix2	196	165	361		4,785	4,302	4,564		7.0	7.2	7.1	
237	Pix3	82	50	132		8,018	7,500	7,822		9.7	11.5	10.4	
237	Pix4	38	27	65		12,580	12,450	12,526		12.9	12.9	12.9	
240 Syncope And Collapse		287	280	567		2,784	2,409	2,599		4.2	4.2	4.2	
240	Pix1	255	243	498		2,668	2,309	2,493		4.1	4.1	4.1	
240	Pix2	18	29	47		3,501	3,215	3,324		4.7	5.4	5.1	
240	Pix3	11	11	22		4,646	6,682	5,664		6.5	12.0	9.3	
240	Pix4	5	4	9		11,895	7,239	9,825		15.0	12.5	13.9	
242 Chest Pain		1,040	1,166	2,206		2,225	2,040	2,127		2.7	2.8	2.7	
242	Pix1	967	1,064	2,031		2,178	1,984	2,076		2.6	2.7	2.6	
242	Pix2	69	108	177		3,071	3,024	3,042		4.2	4.4	4.4	
242	Pix3	12	11	23		3,991	4,385	4,179		5.7	5.9	5.8	
242	Pix4	1	2	5		2,904	4,897	6,010		5.0	8.0	7.0	
250 Extensive Gastrointestinal Procedures		44	38	82		23,255	30,538	26,630		18.3	18.9	18.6	
250	Pix1	10	13	23		17,389	18,280	17,893		12.6	13.9	13.3	
250	Pix2	10	9	19		19,183	18,397	18,811		15.6	13.3	14.5	
250	Pix3	7	5	12		17,836	22,268	19,683		16.4	18.8	17.4	
250	Pix4	19	11	30		37,670	68,468	48,963		29.7	31.5	30.4	
251 Gastrostomy And Colostomy Procedures		760	630	1,390		19,951	18,410	19,252		17.3	17.0	17.2	
251	Pix1	276	249	525		11,073	10,220	10,668		11.7	11.1	11.4	
251	Pix2	80	91	171		13,717	12,935	13,301		13.9	14.1	14.0	
251	Pix3	128	87	215		16,548	16,621	16,577		17.0	17.3	17.1	
251	Pix4	308	212	520		40,997	37,152	39,429		31.0	29.5	30.4	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
252 Major Esophageal, Stomach And Duodenum Procedures										
252	Pix1	69	75	144	13,841	16,694	15,327	13.4	14.5	14.0
252	Pix2	37	39	76	11,233	11,442	11,340	11.1	11.6	11.4
252	Pix3	10	11	21	12,712	13,955	13,363	13.7	13.3	13.5
252	Pix4	10	11	21	20,062	19,558	19,798	21.9	17.4	19.5
252		18	13	31	36,945	35,964	36,533	29.6	23.8	27.2
253 Major Intestinal And Rectal Procedures										
253	Pix1	1,799	1,256	3,055	9,936	9,278	9,685	10.1	10.0	10.1
253	Pix2	1,119	788	1,907	8,112	7,611	7,905	8.5	8.7	8.6
253	Pix3	241	206	447	10,671	10,077	10,397	11.4	11.4	11.4
253	Pix4	249	159	408	12,531	11,917	12,292	13.1	12.9	13.0
253		228	142	370	22,767	23,060	22,879	19.6	20.6	20.0
255 Less Extensive Esophageal, Stomach And Duodenum Procedures										
255	Pix1	597	420	1,017	6,078	7,052	6,481	5.4	6.4	5.8
255	Pix2	493	329	822	5,010	5,499	5,206	4.6	5.3	4.9
255	Pix3	42	31	73	8,010	8,624	8,271	7.6	8.4	7.9
255	Pix4	43	29	72	13,263	14,483	13,754	13.2	14.2	13.6
255		45	44	89	29,271	23,022	26,181	19.6	16.5	18.0
258 Laparotomy										
258	Pix1	540	444	984	6,717	7,050	6,867	7.1	7.6	7.3
258	Pix2	384	300	684	5,323	5,310	5,317	5.8	6.1	5.9
258	Pix3	55	56	111	7,673	8,655	8,168	9.1	9.5	9.3
258	Pix4	52	41	93	10,488	10,265	10,390	11.2	11.6	11.4
258		60	52	112	20,517	20,581	20,546	15.7	16.0	15.8
260 Less Extensive Intestinal And Rectal Procedures										
260	Pix1	45	29	74	5,499	5,482	5,493	5.0	5.1	5.0
260	Pix2	33	20	53	4,696	5,450	4,980	4.2	4.7	4.4
260	Pix3	6	3	9	9,235	5,981	8,150	8.0	5.7	7.2
260	Pix4	3	5	8	5,991	4,870	5,290	6.7	5.8	6.1
260		4	3	7	7,282	10,026	8,458	9.0	16.3	12.1
261 Complicated Appendectomy										
261	Pix1	659	415	1,074	4,316	4,430	4,360	4.4	4.9	4.6
261	Pix2	578	346	924	3,997	3,997	3,997	4.1	4.5	4.3
261	Pix3	45	40	85	6,283	6,514	6,392	5.8	7.1	6.4
261	Pix4	34	29	63	9,033	7,246	8,211	8.9	8.5	8.7
261		13	11	24	9,383	14,831	11,880	10.2	11.4	10.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pk Level	Costed Cases		Average Cost		Average LOS of Costed Cases	
			2001/2002	2000/2001	2001/2002	2000/2001	2001/2002	2000/2001
262	Simple Appendectomy		1,297	1,010	2,307	2,631	2,648	2.3
262		Pix1	1,260	959	2,219	2,592	2,597	2.3
262		Pix2	33	39	72	4,320	3,934	4.1
262		Pix3	12	23	35	4,532	5,217	4.9
262		Pix4	7	4	11	7,836	8,157	9.1
264	Minor Gastrointestinal Procedures		67	42	109	3,597	4,232	2.9
264		Pix1	61	32	93	3,554	3,959	2.9
264		Pix2	5	8	13	5,774	6,653	5.6
264		Pix3	2	4	6	4,520	5,328	4.0
264		Pix4	2		5	63,126	49,808	53.0
265	Abdominal Laparoscopy		47	65	112	3,374	2,675	3.7
265		Pix1	42	64	106	3,130	2,604	3.3
265		Pix2	1		5	2,785	3,954	5.0
265		Pix3	3		5	15,763	11,876	16.3
265		Pix4	1	1	5	5,031	12,527	6.0
266	Anus And Stomal Procedures (MNRH)		449	337	786	2,150	2,473	2.1
266		Pix1	412	309	721	2,036	2,389	2.0
266		Pix2	39	27	66	4,088	4,163	4.9
266		Pix3	9	8	17	8,019	5,797	10.0
266		Pix4	7	2	9	16,554	18,163	21.6
269	Bilateral Hernia Procedures		875	794	1,669	3,017	2,839	2.5
269		Pix1	829	746	1,575	2,913	2,721	2.3
269		Pix2	35	41	76	6,154	4,432	5.3
269		Pix3	20	13	33	6,514	7,489	7.2
269		Pix4	13	9	22	10,050	9,268	11.2
271	Unilateral Hernia Procedures (MNRH)		137	158	295	2,372	2,349	1.6
271		Pix1	132	154	286	2,259	2,248	1.6
271		Pix2	5	4	9	4,891	3,612	4.6
271		Pix3	6	2	8	10,017	10,006	10.3
271		Pix4	3	4	7	10,452	11,544	13.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
Digestive System Malignancy													
279		307	234	541		5,600	6,037	5,789		8.2	8.9	8.5	
279	Pix1	147	118	265		3,897	4,400	4,121		6.4	6.9	6.6	
279	Pix2	88	69	157		6,083	6,422	6,232		8.8	9.7	9.2	
279	Pix3	42	31	73		8,015	10,208	8,946		11.5	16.0	13.4	
279	Pix4	29	19	48		9,218	10,918	9,891		10.8	11.6	11.1	
G.I. Hemorrhage													
281		1,038	791	1,829		3,020	3,034	3,026		4.3	4.4	4.4	
281	Pix1	723	579	1,302		2,392	2,479	2,430		3.7	3.8	3.8	
281	Pix2	188	128	316		3,726	3,523	3,644		5.4	5.6	5.5	
281	Pix3	81	63	144		4,838	6,059	5,372		6.4	8.9	7.5	
281	Pix4	71	35	106		11,658	14,029	12,441		11.9	13.3	12.4	
Complicated Ulcer													
285		60	59	119		2,976	3,449	3,211		4.0	5.6	4.8	
285	Pix1	33	32	65		2,390	2,966	2,674		3.5	5.0	4.3	
285	Pix2	19	21	40		2,277	3,052	2,683		3.7	4.8	4.3	
285	Pix3	5	5	10		5,462	7,421	6,441		5.8	10.6	8.2	
285	Pix4	4	2	6		12,075	28,456	17,535		10.5	52.5	24.5	
Uncomplicated Ulcer													
286		97	95	192		2,306	2,277	2,292		3.9	3.5	3.7	
286	Pix1	70	68	138		2,111	2,150	2,130		3.6	3.4	3.5	
286	Pix2	26	22	48		2,716	2,053	2,412		4.5	3.5	4.1	
286	Pix3	3	5	8		9,165	5,000	6,562		12.0	5.0	7.6	
286	Pix4	1	3	5		19,061	28,471	21,454		34.0	56.7	51.0	
Inflammatory Bowel Disease													
289		481	377	858		3,297	2,956	3,147		5.7	5.2	5.5	
289	Pix1	363	278	641		3,166	2,647	2,941		5.6	4.8	5.3	
289	Pix2	82	74	156		3,050	3,698	3,358		5.2	6.1	5.6	
289	Pix3	35	23	58		5,056	5,385	5,186		9.0	8.7	8.8	
289	Pix4	11	13	24		19,232	11,781	15,196		19.2	17.7	18.4	
G.I. Obstruction													
290		960	738	1,698		2,731	2,542	2,649		4.5	4.3	4.4	
290	Pix1	811	652	1,463		2,354	2,309	2,334		3.9	3.9	3.9	
290	Pix2	88	53	141		4,355	3,591	4,068		7.4	6.2	6.9	
290	Pix3	32	24	56		5,568	6,882	6,131		8.6	10.0	9.2	
290	Pix4	24	13	37		10,414	9,868	10,222		14.0	13.8	13.9	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3,804	3,547	7,351	2,177	2,007	2,095	3.4	3.3	3.3
294		Pix1	3,252	2,964	6,216	1,996	1,940	1,922	3.1	3.1	3.1
294		Pix2	389	419	808	3,331	3,040	3,180	5.3	4.8	5.0
294		Pix3	182	190	372	4,519	4,105	4,308	6.6	6.1	6.3
294		Pix4	84	74	158	10,047	9,990	10,021	12.8	13.9	13.3
297	Other G.I. Diagnoses		825	575	1,400	2,811	2,625	2,735	4.0	3.7	3.9
297		Pix1	619	434	1,053	2,471	2,296	2,399	3.7	3.4	3.5
297		Pix2	135	106	241	3,291	3,587	3,421	4.6	4.9	4.8
297		Pix3	50	34	84	6,730	7,395	6,999	9.5	9.4	9.5
297		Pix4	59	20	79	14,765	12,032	14,073	13.6	11.7	13.1
310	PWS - Liver Transplant		41	48	89	56,457	54,687	55,503	23.2	20.4	21.7
310		Pix1	3	8	11	29,388	31,537	30,951	13.3	12.0	12.4
310		Pix2	3	2	5	38,066	30,391	34,996	14.0	11.5	13.0
310		Pix3	5	8	13	33,574	38,665	36,707	13.8	15.6	14.9
310		Pix4	32	31	63	77,834	67,960	72,976	32.1	26.6	29.4
311	Major Pancreatic Procedures		172	126	298	22,327	19,163	20,989	17.6	17.7	17.6
311		Pix1	63	62	125	13,198	14,299	13,744	11.5	14.0	12.7
311		Pix2	35	20	55	15,971	16,080	16,010	13.5	14.9	14.0
311		Pix3	30	22	52	16,612	21,119	18,519	16.0	18.8	17.2
311		Pix4	50	25	75	50,316	52,993	51,208	37.9	43.7	39.8
312	Major Hepatobiliary Procedures		103	118	221	11,739	13,015	12,420	8.9	9.4	9.2
312		Pix1	60	75	135	10,296	11,548	10,992	7.5	8.5	8.0
312		Pix2	16	11	27	11,217	13,947	12,329	9.9	10.0	10.0
312		Pix3	15	17	32	13,977	12,846	13,376	10.1	7.3	8.6
312		Pix4	16	18	34	29,904	36,972	33,646	20.1	24.2	22.3
313	Common Duct Exploration		64	45	109	10,318	9,821	10,113	9.5	9.8	9.6
313		Pix1	37	20	57	6,815	8,148	7,283	6.6	9.3	7.5
313		Pix2	12	12	24	10,914	9,034	9,974	11.4	8.8	10.1
313		Pix3	10	4	14	18,599	7,279	15,365	17.3	7.0	14.4
313		Pix4	8	8	16	25,825	15,411	20,618	19.9	12.4	16.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
314	Other Hepatobiliary And Pancreatic Procedures		104	86	190		10,406	9,820	10,141		9.9	10.3	10.1	
314		Pix1	52	50	102		6,214	7,215	6,705		6.3	7.6	7.0	
314		Pix2	16	6	22		10,351	8,405	9,820		11.8	9.5	11.2	
314		Pix3	11	18	29		9,785	12,675	11,579		11.9	15.1	13.9	
314		Pix4	28	13	41		21,993	18,058	20,745		18.8	16.3	18.0	
315	Cholecystectomy		196	170	366		7,893	7,799	7,849		7.4	7.7	7.5	
315		Pix1	123	118	241		6,202	6,393	6,295		5.9	6.5	6.2	
315		Pix2	29	19	48		7,781	8,993	8,261		7.3	9.5	8.2	
315		Pix3	27	16	43		9,655	11,682	10,409		10.1	11.2	10.5	
315		Pix4	21	21	42		22,984	13,751	18,368		18.3	13.8	16.0	
317	Laparoscopic Cholecystectomy		1,299	1,198	2,497		3,152	2,962	3,061		2.7	2.4	2.6	
317		Pix1	1,141	1,127	2,268		3,009	2,865	2,937		2.5	2.2	2.4	
317		Pix2	134	76	210		4,344	5,068	4,606		4.8	5.2	4.9	
317		Pix3	52	20	72		6,697	7,078	6,803		8.0	8.5	8.2	
317		Pix4	22	16	38		8,995	17,885	12,738		10.0	14.2	11.8	
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		72	51	123		11,576	12,177	11,825		10.5	11.7	11.0	
320		Pix1	36	24	60		7,645	6,505	7,189		8.2	7.8	8.0	
320		Pix2	10	10	20		7,296	10,948	9,122		7.0	11.1	9.1	
320		Pix3	9	7	16		11,472	14,825	12,939		12.2	14.1	13.1	
320		Pix4	20	9	29		37,980	25,922	34,238		22.4	19.1	21.3	
323	Cirrhosis And Alcoholic Hepatitis		295	224	519		7,683	6,293	7,083		8.9	8.5	8.8	
323		Pix1	74	57	131		3,384	2,844	3,149		5.9	4.7	5.4	
323		Pix2	71	44	115		4,480	5,141	4,733		7.3	8.0	7.6	
323		Pix3	47	49	96		6,510	6,712	6,613		9.9	10.0	9.9	
323		Pix4	113	80	193		16,050	12,272	14,484		14.1	13.5	13.8	
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		316	223	539		6,109	5,677	5,930		9.2	9.4	9.3	
324		Pix1	137	102	239		4,874	4,657	4,781		7.5	8.2	7.8	
324		Pix2	68	58	126		5,852	4,749	5,236		8.4	8.7	8.5	
324		Pix3	64	36	100		6,973	8,160	7,401		11.0	11.9	11.3	
324		Pix4	45	27	72		9,091	8,833	8,994		12.2	12.3	12.3	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	PR Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
325	Pancreas Diseases Except Malignancy		894	611	1,505	3,046	2,920	2,995	5.1	5.0	5.1
325		Pix1	618	424	1,042	2,454	2,384	2,426	4.4	4.3	4.3
325		Pix2	178	126	304	3,498	3,855	3,646	6.2	6.7	6.4
325		Pix3	66	51	117	5,795	6,326	6,027	9.2	9.1	9.2
325		Pix4	58	40	98	14,970	19,352	16,759	14.7	18.2	16.2
326	Liver Diseases Except Cirrhosis Or Cancer		302	252	554	5,273	6,936	6,029	6.4	7.6	7.0
326		Pix1	154	111	265	3,118	3,502	3,279	4.8	5.4	5.1
326		Pix2	47	47	94	4,557	4,377	4,467	6.1	6.3	6.2
326		Pix3	50	32	82	5,530	6,454	5,890	8.4	10.4	9.2
326		Pix4	55	66	121	13,901	19,015	16,690	11.6	13.0	12.4
329	Biliary Tract Diseases		480	374	854	2,728	2,796	2,758	4.0	4.2	4.1
329		Pix1	333	268	601	2,228	2,273	2,248	3.3	3.5	3.4
329		Pix2	62	43	105	3,643	4,042	3,807	5.7	5.4	5.6
329		Pix3	59	42	101	3,792	4,106	3,923	5.3	6.3	5.7
329		Pix4	32	24	56	8,370	6,736	7,670	10.9	9.7	10.4
350	Multiple Or Bilateral Joint Replacement		41	23	64	14,748	15,616	15,060	10.2	12.3	11.0
350		Pix1	20	9	29	12,309	12,868	12,483	8.4	8.3	8.3
350		Pix2	12	4	16	15,054	14,828	14,998	8.3	10.5	8.8
350		Pix3	3	7	10	24,553	17,167	19,383	18.7	14.9	16.0
350		Pix4	8	3	11	31,490	27,792	30,481	39.0	30.3	36.6
351	Joint Replacement For Trauma		586	416	1,002	11,097	9,910	10,604	11.3	10.9	11.1
351		Pix1	330	282	612	9,045	8,386	8,741	9.2	8.9	9.1
351		Pix2	110	59	169	12,182	12,002	12,119	12.9	14.7	13.5
351		Pix3	66	46	112	14,736	15,304	14,969	16.3	20.6	18.1
351		Pix4	95	48	143	20,247	22,262	20,923	20.5	29.7	23.6
352	Hip Replacement		1,239	1,073	2,312	9,518	9,273	9,404	6.5	6.6	6.6
352		Pix1	927	801	1,728	9,201	9,032	9,122	6.4	6.5	6.4
352		Pix2	268	215	483	10,542	9,650	10,145	7.1	7.2	7.2
352		Pix3	58	67	125	11,783	12,432	12,131	9.6	9.8	9.7
352		Pix4	34	36	70	15,943	16,616	16,289	14.1	14.4	14.3

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ph Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2003/2001	Blended		2001/2002	2003/2001	Blended		2001/2002	2003/2001	Blended	
354	Knee Replacement		1,676	1,173	2,849		8,018	8,511	8,221		6.2	6.5	6.3	
354		Plx1	1,325	917	2,242		7,648	8,270	7,903		5.9	6.3	6.1	
354		Plx2	243	186	429		9,294	9,322	9,306		7.3	7.2	7.2	
354		Plx3	75	66	141		9,779	10,287	10,017		8.2	9.0	8.6	
354		Plx4	50	29	79		12,944	11,731	12,499		10.5	10.3	10.4	
Reattachment Procedures Or Lower Extremity Or Shoulder														
355	Amputations		29	24	53		11,275	12,508	11,833		10.9	12.8	11.7	
355		Plx1	15	10	25		6,222	7,775	6,843		6.5	6.6	6.5	
355		Plx2	5	5	10		9,851	14,796	12,323		11.4	14.6	13.0	
355		Plx3	4	2	6		13,063	25,997	17,374		17.5	19.5	18.2	
355		Plx4	8	8	16		45,457	38,343	41,900		34.1	39.9	37.0	
356	Repair Hip And Femur Procedures		128	133	261		8,597	8,764	8,682		7.1	7.0	7.0	
356		Plx1	84	83	167		6,071	7,032	6,549		4.3	5.2	4.7	
356		Plx2	26	35	61		12,914	10,119	11,310		12.6	8.8	10.4	
356		Plx3	15	10	25		16,278	15,799	16,087		18.5	16.4	17.6	
356		Plx4	8	7	15		18,931	21,871	20,303		21.4	26.1	23.6	
358	Lower Extremity Procedures With Infection		98	100	198		7,348	8,066	7,710		7.2	7.8	7.5	
358		Plx1	71	80	151		6,072	6,736	6,424		6.2	6.3	6.2	
358		Plx2	16	11	27		8,051	8,871	8,385		7.4	8.5	7.9	
358		Plx3	4	3	7		12,538	14,204	13,252		12.8	17.3	14.7	
358		Plx4	15	6	21		41,406	22,768	36,081		34.9	24.2	31.8	
359	Upper Extremity Procedures With Infection		28	21	49		4,866	8,011	6,214		4.7	5.7	5.1	
359		Plx1	24	18	42		4,442	6,087	5,147		4.1	5.0	4.5	
359		Plx2	1	1	4		6,173	24,798	9,997		7.0	11.0	9.0	
359		Plx3		2	3			16,931	13,011			9.5	9.5	
359		Plx4	5		5		24,906		24,906		19.8		19.8	
360	Upper Extremity Amputations And Revisions		42	26	68		6,946	7,008	6,970		9.1	7.2	8.4	
360		Plx1	23	17	40		4,605	4,386	4,512		5.7	4.5	5.2	
360		Plx2	12	6	18		8,995	7,541	8,511		12.3	7.2	10.6	
360		Plx3	3	1	5		5,168	24,253	8,948		6.0	15.0	8.3	
360		Plx4	7	3	10		25,620	32,385	27,649		29.4	40.7	32.8	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
361	Musculoskeletal Biopsy For Malignancy		29	25	54		10,451	15,166	12,634		11.1	14.6	12.7	
361		Pix1	19	16	35		6,023	6,773	6,366		6.4	7.4	6.8	
361		Pix2	4	4	8		16,256	21,899	19,078		24.5	23.3	23.9	
361		Pix3	3	1	5		20,011	33,147	21,087		11.0	17.0	12.5	
361		Pix4	3	3	6		24,109	42,442	33,276		35.7	33.3	34.5	
362	Musculoskeletal Biopsy Without Malignancy		49	38	87		12,283	14,945	13,446		17.3	16.5	17.0	
362		Pix1	28	24	52		8,046	6,393	7,283		11.6	8.9	10.4	
362		Pix2	11	2	13		12,289	13,774	12,518		19.1	17.0	18.8	
362		Pix3	3	2	5		17,670	22,338	19,537		25.0	30.5	27.2	
362		Pix4	7	7	14		45,547	37,858	41,703		42.3	24.4	33.4	
363	Back And Neck Procedures With Fusion		620	478	1,098		9,824	10,283	10,024		5.4	5.7	5.5	
363		Pix1	469	347	816		8,474	8,658	8,552		4.6	4.8	4.7	
363		Pix2	100	79	179		13,847	12,953	13,452		7.6	7.4	7.5	
363		Pix3	42	32	74		15,068	17,228	16,002		9.1	10.7	9.8	
363		Pix4	27	37	64		37,461	32,786	34,758		23.9	19.5	21.4	
365	Back And Neck Procedures Without Fusion		1,143	791	1,934		3,962	4,433	4,155		2.7	3.1	2.9	
365		Pix1	1,082	730	1,812		3,855	4,289	4,030		2.6	2.9	2.8	
365		Pix2	54	57	111		6,999	7,678	7,348		6.2	7.1	6.7	
365		Pix3	20	25	45		7,058	8,944	8,106		6.8	8.3	7.6	
365		Pix4	8	8	16		13,134	14,909	14,021		11.4	17.5	14.4	
367	Shoulder Arthroplasty		83	67	150		6,690	7,103	6,874		3.3	4.0	3.6	
367		Pix1	79	62	141		6,578	7,014	6,769		3.2	4.1	3.6	
367		Pix2	4	2	6		8,913	7,422	8,416		4.3	2.5	3.7	
367		Pix3	1	1	2		9,274	7,940			4.0	4.0	4.0	
367		Pix4	2	2	2		8,451	8,451			3.5	3.5	3.5	
368	Major Hip And Knee Procedures		64	40	104		5,623	5,821	5,699		4.1	3.6	3.9	
368		Pix1	50	34	84		4,801	5,198	4,962		3.2	3.2	3.2	
368		Pix2	7	5	12		7,850	8,302	8,038		5.7	6.0	5.8	
368		Pix3	1	1	5		16,499	14,586	11,557		21.0	7.0	14.0	
368		Pix4	3	3	3		7,245	7,245			7.3	7.3	7.3	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pbx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
369	Major Lower Extremity Procedures		362	283	645		4,851	4,669	4,771		3.1	3.0	3.1	
369		Pbx1	340	268	608		4,668	4,465	4,579		3.0	3.0	3.0	
369		Pbx2	18	12	30		8,684	8,679	8,682		6.5	4.9	5.9	
369		Pbx3	9	4	13		7,798	9,502	8,322		6.1	5.0	5.8	
369		Pbx4	4	1	5		22,479	30,208	24,025		18.5	40.0	22.8	
372	Major Upper Extremity Procedures		128	139	267		3,620	3,671	3,647		1.7	1.8	1.8	
372		Pbx1	126	138	264		3,569	3,671	3,622		1.7	1.8	1.8	
372		Pbx2	2	7	9		9,567	8,525	8,757		7.0	10.0	9.3	
372		Pbx3	2	1	5		11,773	9,960	11,457		4.0	9.0	5.7	
372		Pbx4	1	1	5		37,980	112,242	62,359		99.0	209.0	154.0	
374	Minor Lower Extremity Procedures		367	420	787		3,209	3,126	3,164		1.8	1.7	1.7	
374		Pbx1	358	412	770		3,186	3,083	3,131		1.8	1.7	1.7	
374		Pbx2	17	10	27		5,955	5,506	5,789		4.4	3.6	4.1	
374		Pbx3	3	2	5		7,939	6,565	7,390		7.0	7.0	7.0	
374		Pbx4	2	2	2		46,041		46,041		32.5		32.5	
375	Minor Upper Extremity Procedures		624	390	1,014		2,735	2,550	2,664		1.3	1.5	1.4	
375		Pbx1	616	385	1,001		2,722	2,541	2,652		1.3	1.5	1.4	
375		Pbx2	7	5	12		3,512	3,203	3,383		2.3	2.6	2.4	
375		Pbx3		1	5		4,055	3,126			6.0	6.0	6.0	
375		Pbx4	2	1	5		6,193	4,386	5,172		4.5	2.0	3.7	
376	Miscellaneous Musculoskeletal Procedures		136	95	231		6,827	7,397	7,061		2.9	3.3	3.1	
376		Pbx1	119	79	198		5,921	6,067	5,979		2.7	2.8	2.8	
376		Pbx2	13	6	19		11,499	10,897	11,309		4.2	4.7	4.3	
376		Pbx3	2	4	6		20,373	18,511	19,131		6.5	5.5	5.8	
376		Pbx4	2	6	8		16,799	17,690	17,460		6.0	7.3	7.0	
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		243	231	474		7,902	7,622	7,765		7.4	6.5	7.0	
377		Pbx1	176	166	342		6,175	5,318	5,759		5.4	4.5	5.0	
377		Pbx2	33	37	70		10,582	10,513	10,545		10.7	10.2	10.4	
377		Pbx3	22	18	40		13,373	14,277	13,779		14.1	15.4	14.7	
377		Pbx4	21	12	33		32,089	38,241	34,326		32.9	24.4	29.8	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS if Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
378	Soft Tissue Procedures (MNRH)		115	97	212		3,798	3,531	3,676		2.3	2.2	2.2	
378		Pix1	110	87	197		3,675	3,380	3,545		2.2	2.0	2.1	
378		Pix2	7	9	16		7,096	4,863	5,840		6.7	3.7	5.0	
378		Pix3			3				14,946					
378		Pix4		2	3			19,439	14,630			8.5	8.5	
379	Other Musculoskeletal Procedures (MNRH)		396	336	732		2,520	2,660	2,584		1.7	1.7	1.7	
379		Pix1	386	328	714		2,482	2,619	2,545		1.7	1.6	1.7	
379		Pix2	11	11	22		4,166	5,358	4,762		3.5	3.7	3.6	
379		Pix3	4		5		7,846		6,925		6.3		6.3	
379		Pix4	2	2	5		21,985	15,055	16,027		19.5	11.0	15.3	
380	Other Lower Extremity Procedures (MNRH)		302	224	526		2,130	2,514	2,293		1.5	1.6	1.5	
380		Pix1	295	219	514		2,114	2,481	2,271		1.5	1.6	1.5	
380		Pix2	4	4	8		3,616	3,762	3,689		2.3	2.5	2.4	
380		Pix3	3	1	5		4,573	4,635	5,671		5.7	1.0	4.5	
380		Pix4	1		1		1,978		1,978		2.0		2.0	
381	Hand And Wrist Procedures (MNRH)		57	61	118		2,558	2,489	2,523		1.0	1.0	1.0	
381		Pix1	57	61	118		2,558	2,489	2,523		1.0	1.0	1.0	
381		Pix2	1	1	5		3,149	6,048	4,231		2.0	4.0	3.0	
381		Pix3												
381		Pix4												
382	Arthroscopy (MNRH)													
382		Pix1	8	7	15		1,976	4,060	2,949		1.8	4.7	3.1	
382		Pix2	7	4	11		1,500	1,712	1,577		1.0	1.3	1.1	
382		Pix3			2				9,521					
382		Pix4		2	2				19,456			19.0	19.0	
383	PWS - Joint Replacement For Malignancy		20	11	31		18,175	10,952	15,612		13.6	8.7	11.8	
383		Pix1	7	6	13		15,722	8,546	12,410		11.3	7.0	9.3	
383		Pix2	9	3	12		17,068	12,779	15,996		13.2	10.3	12.5	
383		Pix3	1	2	5		31,770	15,430	18,186		15.0	11.5	12.7	
383		Pix4	3	1	5		30,446	29,157	28,596		27.7	48.0	32.8	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pta Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2003/2001	Blended	2001/2002	2003/2001	Blended	2001/2002	2003/2001	Blended
384	PWS - Back And Neck Procedures For Malignancy		28	26	54	19,832	26,856	23,214	14.7	20.5	17.5
384		Pk1	10	6	16	15,448	12,122	14,201	12.6	7.8	10.8
384		Pk2	9	5	14	18,262	21,941	19,576	12.1	18.4	14.4
384		Pk3	3	4	7	17,890	27,225	23,224	13.0	16.0	14.7
384		Pk4	6	11	17	30,463	36,993	34,688	22.8	30.1	27.5
385	PWS - Major Orthopaedic Oncology Procedures		22	24	46	7,158	9,292	8,272	4.5	5.7	5.2
385		Pk1	19	20	39	7,024	7,218	7,124	4.5	4.5	4.5
385		Pk2	4	3	7	12,359	13,107	12,680	10.3	9.0	9.7
385		Pk3			2			12,978			
385		Pk4	2	4	6	76,732	61,490	66,571	43.5	26.3	32.0
386	Other Orthopaedic Oncology Procedures		30	29	59	6,548	7,480	7,006	4.1	5.3	4.7
386		Pk1	28	19	47	5,984	5,551	5,809	3.8	3.8	3.8
386		Pk2	2	6	8	14,452	8,623	10,080	9.0	8.0	8.3
386		Pk3									
386		Pk4	4	5		14,929	15,058		8.8	8.8	
391	Secondary Neoplasms And Pathological Fractures		333	216	549	9,104	8,578	8,897	13.6	13.3	13.5
391		Pk1	184	124	308	6,289	5,658	6,035	10.8	10.6	10.8
391		Pk2	72	43	115	10,179	8,555	9,572	16.1	14.5	15.5
391		Pk3	45	26	71	13,646	12,611	13,267	19.9	21.9	20.6
391		Pk4	39	28	67	20,060	21,678	20,736	24.3	23.6	24.0
392	Osteomyelitis		66	55	121	7,277	7,043	7,171	9.9	7.7	8.9
392		Pk1	39	31	70	5,323	6,054	5,647	7.6	6.7	7.2
392		Pk2	9	8	17	9,192	7,654	8,468	12.2	8.8	10.6
392		Pk3	13	9	22	8,508	9,144	8,768	10.9	9.4	10.3
392		Pk4	7	7	14	20,412	8,027	14,219	31.3	8.4	19.9
393	Rheumatoid Arthritis		81	61	142	7,043	7,726	7,336	8.9	9.3	9.1
393		Pk1	51	35	86	5,511	3,928	4,867	7.2	6.2	6.8
393		Pk2	12	9	21	8,616	6,682	7,787	13.6	11.7	12.8
393		Pk3	11	7	18	11,768	7,517	10,115	17.3	11.1	14.9
393		Pk4	10	12	22	21,557	33,835	28,254	23.1	25.5	24.4

Schedule 2 -- Inpatient Yearly Comparisons

CHC Code Description	Ph Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
394 Septic Arthritis		38	21	59		4,119	3,681	3,963		6.7	6.0	6.4	
394	Pk1	27	14	41		3,175	2,449	2,927		5.3	4.6	5.1	
394	Pk2	4	1	5		11,658	11,286	11,583		15.0	18.0	15.6	
394	Pk3	3	4	7		3,870	6,373	5,300		4.0	10.3	7.6	
394	Pk4	7	5	12		20,723	25,019	22,513		37.7	33.6	36.0	
397 Non-Inflammatory Arthritis		66	60	126		6,202	6,119	6,163		10.0	10.4	10.2	
397	Pk1	43	39	82		4,460	4,122	4,299		8.2	6.9	7.6	
397	Pk2	16	9	25		7,521	8,508	7,876		9.4	8.7	9.2	
397	Pk3	2	6	8		6,895	13,557	11,892		7.0	26.7	21.8	
397	Pk4	1	5	6		30,182	19,480	21,264		24.0	40.8	38.0	
398 Other Inflammatory Arthritis		287	218	505		4,289	4,009	4,169		6.1	5.4	5.8	
398	Pk1	198	147	345		2,951	2,519	2,767		4.6	4.0	4.4	
398	Pk2	30	28	58		4,870	5,013	4,939		8.1	9.2	8.6	
398	Pk3	33	28	61		5,892	5,156	5,554		8.8	6.9	7.9	
398	Pk4	32	18	50		19,466	20,750	19,929		17.7	14.8	16.7	
399 Orthopaedic Aftercare		196	119	315		4,998	3,657	4,491		7.5	5.3	6.7	
399	Pk1	147	97	244		3,538	2,818	3,252		5.4	4.1	4.9	
399	Pk2	22	14	36		8,845	7,507	8,325		13.7	10.0	12.3	
399	Pk3	11	4	15		6,663	7,852	6,927		9.8	15.0	11.2	
399	Pk4	18	6	24		16,079	12,247	15,121		21.9	19.3	21.3	
401 Other Musculoskeletal Malignancies		25	20	45		7,656	6,058	6,946		8.7	5.8	7.4	
401	Pk1	15	10	25		6,409	3,844	5,383		6.1	4.5	5.4	
401	Pk2	6	2	8		9,687	4,940	8,500		14.8	5.0	12.4	
401	Pk3	3	5	8		8,582	5,064	6,384		10.7	4.0	6.5	
401	Pk4	2	3	5		18,277	15,839	16,814		16.0	13.3	14.4	
402 Disc Disease		274	230	504		3,948	3,517	3,751		7.4	7.1	7.2	
402	Pk1	232	195	427		3,495	2,903	3,225		6.7	6.0	6.4	
402	Pk2	25	23	48		5,634	7,436	6,498		9.8	14.8	12.2	
402	Pk3	9	10	19		6,510	12,257	9,535		11.2	23.4	17.6	
402	Pk4	14	7	21		22,584	13,892	19,687		33.6	23.3	30.2	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plk Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
404	Other Musculoskeletal Infections		1	4	5		493	3,146	2,616		2.0	2.5	2.4	
404		Plk1	1	4	5		493	3,146	2,616		2.0	2.5	2.4	
404		Plk2												
404		Plk3												
404		Plk4												
407	Other Musculoskeletal Disorders		26	38	64		3,182	3,494	3,367		3.6	3.8	3.7	
407		Plk1	25	28	53		3,179	2,235	2,680		3.6	2.9	3.2	
407		Plk2	2	6	8		4,195	5,688	5,315		10.0	6.8	7.6	
407		Plk3		1	3			3,785	6,607			3.0	3.0	
407		Plk4		2	3			8,786	8,248			2.5	2.5	
409	Back Pain (MNRH)		207	211	418		2,375	2,280	2,327		4.3	4.4	4.3	
409		Plk1	189	191	380		2,189	2,098	2,143		4.1	4.1	4.1	
409		Plk2	16	17	33		5,985	4,873	5,412		10.9	9.2	10.0	
409		Plk3	9	5	14		6,725	11,108	8,291		12.2	11.8	12.1	
409		Plk4	3	6	9		11,194	15,336	13,955		18.0	22.7	21.1	
411	Signs, Symptoms And Deformities (MNRH)		194	160	354		2,867	2,562	2,729		4.3	4.1	4.2	
411		Plk1	160	141	301		2,604	2,479	2,546		3.7	4.0	3.9	
411		Plk2	19	15	34		4,330	4,997	4,624		7.3	8.9	8.0	
411		Plk3	13	6	19		3,742	3,819	3,767		6.5	4.5	5.8	
411		Plk4	2	4	6		4,274	9,065	7,468		5.5	15.3	12.0	
413	Joint Derangements (MNRH)		32	31	63		2,292	2,161	2,227		3.8	3.7	3.7	
413		Plk1	30	25	55		2,105	1,939	2,030		3.6	3.0	3.3	
413		Plk2	2	2	5		5,764	2,418	3,413		10.0	6.5	8.3	
413		Plk3		3	5			2,064	1,555			4.7	4.7	
413		Plk4												
414	Sprains Strains And Minor Injuries (MNRH)		57	53	110		2,519	2,117	2,325		4.1	3.7	3.9	
414		Plk1	52	50	102		2,318	2,058	2,191		3.7	3.6	3.7	
414		Plk2	2	1	5		1,407	4,375	2,484		3.0	8.0	4.7	
414		Plk3	1	2	5		3,117	2,440	3,717		6.0	3.5	4.3	
414		Plk4	2		2		12,574		12,574		15.5		15.5	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ph Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis											
425			194	148	342	5,668	6,111	5,860	3.8	4.7	4.2
425		Pix1	168	126	294	4,526	4,893	4,683	3.2	4.0	3.5
425		Pix2	13	14	27	9,974	13,046	11,567	7.6	8.3	8.0
425		Pix3	11	6	17	15,330	14,495	15,036	7.1	10.2	8.2
425		Pix4	3	6	9	24,663	38,232	33,709	20.3	33.5	29.1
Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis											
427		Pix1	158	146	304	16,359	18,306	17,294	21.0	23.4	22.2
427		Pix2	94	87	181	10,732	11,655	11,176	14.9	16.1	15.5
427		Pix3	19	18	37	18,365	21,044	19,668	25.5	29.1	27.2
427		Pix4	18	21	39	24,018	19,234	21,442	29.5	24.0	26.6
427			33	24	57	44,584	56,714	49,692	48.4	68.8	56.9
Breast Procedures Except Blospy And Local Excision Without Malignancy											
428		Pix1	483	388	871	3,037	2,891	2,972	1.2	1.2	1.2
428		Pix2	475	379	854	3,007	2,837	2,931	1.2	1.2	1.2
428		Pix3	14	15	29	10,435	9,750	10,081	5.2	4.8	5.0
428		Pix4	5	5	10	10,155	12,334	11,245	4.6	6.0	5.3
428			1	3	5	25,289	16,657	17,424	13.0	8.3	9.5
Total Mastectomy For Breast Malignancy											
429		Pix1	725	379	1,104	3,268	3,525	3,356	1.9	2.3	2.0
429		Pix2	669	338	1,007	2,820	2,948	2,863	1.6	2.0	1.7
429		Pix3	27	19	46	9,743	7,688	8,894	5.6	4.6	5.2
429		Pix4	9	5	14	6,699	14,708	9,560	4.0	8.0	5.4
429			2	2	5	17,532	11,568	12,384	7.5	5.5	6.5
Subtotal Mastectomy And Other Breast Procedures For Malignancy											
432		Pix1	566	357	923	2,626	2,786	2,688	1.4	1.6	1.5
432		Pix2	555	352	907	2,601	2,767	2,666	1.4	1.6	1.5
432		Pix3	11	4	15	3,823	4,779	4,078	2.4	3.5	2.7
432		Pix4	1	2	5	5,258	5,188	4,643	4.0	5.0	4.7
432			1	2	5	11,261	7,089	15,394	5.0	6.5	6.0
Breast Biopsy And Local Excision Without Malignancy											
434		Pix1	20	13	33	1,600	1,575	1,590	1.0	1.0	1.0
434		Pix2	20	13	33	1,600	1,575	1,590	1.0	1.0	1.0
434			1	1	5	4,312	4,736	2,836	2.0	9.0	5.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
434	Plx3									
434	Plx4									
435 Perianal And Pilonidal Cyst Procedures		27	21	48	1,581	1,747	1,654	1.3	1.8	1.5
435	Plx1	27	21	48	1,581	1,747	1,654	1.3	1.8	1.5
435	Plx2									
435	Plx3			1			2,309			
435	Plx4									
436 Plastic Surgery		39	23	62	3,626	3,018	3,401	1.8	1.7	1.8
436	Plx1	36	23	59	3,451	3,018	3,283	1.7	1.7	1.7
436	Plx2	3		5	5,725		4,895	4.0		4.0
436	Plx3									
436	Plx4									
Other Dermatological Procedures Without Malignancy Or Skin Ulcer										
437 Or Cellulitis		63	40	103	2,494	2,416	2,464	1.3	1.5	1.4
437	Plx1	60	37	97	2,404	2,276	2,355	1.3	1.4	1.3
437	Plx2	3	3	6	4,288	4,136	4,212	2.3	2.3	2.3
437	Plx3	2	1	4	7,364	5,392	7,689	9.5	6.0	8.3
437	Plx4									
Other Dermatological Procedures For Malignancy Or Skin Ulcer Or										
438 Cellulitis		70	62	132	4,056	4,174	4,112	3.8	4.5	4.2
438	Plx1	62	55	117	3,446	4,068	3,738	3.4	4.1	3.7
438	Plx2	3	6	9	10,273	7,615	8,501	15.7	11.7	13.0
438	Plx3	6	2	8	7,604	5,861	7,168	10.2	11.0	10.4
438	Plx4	2	1	5	15,565	2,922	12,192	6.5	4.0	5.7
439 Skin Ulcer		54	37	91	9,459	6,403	8,216	15.6	12.7	14.5
439	Plx1	22	18	40	6,135	5,495	5,847	9.9	12.2	11.0
439	Plx2	8	7	15	8,670	7,076	7,926	15.3	12.3	13.9
439	Plx3	14	10	24	10,547	7,268	9,180	18.8	13.5	16.6
439	Plx4	13	2	15	18,739	7,899	17,294	37.4	14.5	34.3
440 Major Skin Disorders		50	49	99	5,893	4,359	5,134	6.9	6.2	6.5
440	Plx1	37	30	67	4,980	3,143	4,157	6.1	4.9	5.6

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Ph Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
440	Pix2	5	11	16		6,400	4,543	5,123	8.6	8.0	8.2
440	Pix3	7	4	11		8,044	4,739	6,842	9.6	7.5	8.8
440	Pix4	1	3	5		22,095	5,263	8,979	8.0	5.0	5.8
443 Malignant Breast Disorders		16	16	32		6,413	7,476	6,944	9.6	8.8	9.2
443	Pix1	7	5	12		5,202	7,498	6,159	8.0	10.0	8.8
443	Pix2	4	6	10		6,372	4,153	5,041	10.8	6.2	8.0
443	Pix3	5	3	8		8,140	18,339	11,964	11.0	22.7	15.4
443	Pix4		4	5		16,320	13,827		19.5	19.5	
446 Non-Malignant Breast Disorders		20	15	35		2,034	2,004	2,021	2.9	3.0	2.9
446	Pix1	20	15	35		2,034	2,004	2,021	2.9	3.0	2.9
446	Pix2										
446	Pix3										
446	Pix4	1		1		14,325		14,325	18.0		18.0
447 Cellulitis		656	588	1,244		3,364	3,184	3,279	5.6	5.2	5.4
447	Pix1	482	441	923		2,875	2,741	2,811	4.9	4.5	4.7
447	Pix2	98	84	182		4,721	4,801	4,758	8.0	7.8	7.9
447	Pix3	61	53	114		5,684	5,724	5,702	8.7	9.9	9.3
447	Pix4	37	38	75		10,317	10,347	10,332	15.5	15.7	15.6
452 Trauma Of Skin, Subcutaneous Tissue And Breast		40	42	82		1,670	2,533	2,112	2.0	2.5	2.3
452	Pix1	36	37	73		1,584	2,290	1,942	1.7	2.1	1.9
452	Pix2	1		5		3,841		3,221	7.0		7.0
452	Pix3	1	2	5		412	5,133	3,182	1.0	5.5	4.0
452	Pix4	1		2		21,857		14,971	15.0		15.0
454 Minor Skin Disorders		116	79	195		2,241	1,976	2,134	3.5	3.0	3.3
454	Pix1	91	67	158		2,028	1,815	1,938	3.1	2.9	3.0
454	Pix2	15	5	20		3,603	1,771	3,145	6.1	2.8	5.3
454	Pix3	11	4	15		3,194	2,596	3,035	5.6	3.8	5.1
454	Pix4	4	3	7		12,734	5,069	9,449	17.5	6.3	12.7
476 PWS - Adrenal And Pituitary Procedures		114	91	205		9,370	8,924	9,172	5.3	5.4	5.4
476	Pix1	81	66	147		7,703	7,687	7,696	4.1	4.3	4.2

Schedule 2 -- Inpatient Yearly Comparisons

CHG Code Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
476	Plx2	12	7	19		11,731	11,493	11,643		6.4	6.0	6.3	
476	Plx3	10	12	22		16,423	13,415	14,782		11.2	9.6	10.3	
476	Plx4	12	3	15		31,820	14,365	28,329		18.2	15.0	17.5	
477 Parathyroid Procedures		110	37	147		4,060	4,029	4,052		2.2	2.4	2.3	
477	Plx1	99	30	129		3,880	3,542	3,802		2.1	2.1	2.1	
477	Plx2	5	3	8		5,985	6,310	6,106		3.8	3.3	3.6	
477	Plx3	8	5	13		7,613	9,550	8,358		4.9	7.2	5.8	
477	Plx4	4	2	6		12,779	16,927	14,161		11.0	14.0	12.0	
478 Obesity Procedures		49	35	84		4,055	3,258	3,723		3.0	1.9	2.5	
478	Plx1	45	34	79		3,952	3,209	3,632		2.9	1.7	2.4	
478	Plx2	3	1	5		4,767	4,942	5,250		4.7	7.0	5.3	
478	Plx3			3				5,040					
478	Plx4	3	1	5		11,567	21,163	24,023		14.7	19.0	15.8	
479 Thyroid Procedures		447	277	724		3,411	3,276	3,359		1.6	1.7	1.6	
479	Plx1	423	263	686		3,290	3,187	3,251		1.5	1.6	1.6	
479	Plx2	5	4	9		5,657	4,328	5,066		2.6	2.5	2.6	
479	Plx3	20	13	33		5,666	5,432	5,574		3.2	3.2	3.2	
479	Plx4	9	3	12		24,641	20,424	23,587		13.3	11.3	12.8	
480 Thyroglossal Procedures		28	15	43		2,319	2,492	2,379		1.2	1.2	1.2	
480	Plx1	27	15	42		2,291	2,492	2,363		1.2	1.2	1.2	
480	Plx2	1		1		3,053		3,053		2.0			
480	Plx3												
480	Plx4												
482 Other Endocrine, Nutrition And Metabolic Procedures		22	39	61		10,371	7,057	8,252		8.2	5.6	6.5	
482	Plx1	10	29	39		5,120	3,943	4,245		4.0	2.3	2.8	
482	Plx2	5	3	8		14,979	22,422	17,770		12.8	24.3	17.1	
482	Plx3	3	4	7		6,827	16,012	12,076		7.3	12.8	10.4	
482	Plx4	6	5	11		38,433	38,262	38,355		34.2	29.8	32.2	
483 Diabetes		866	735	1,601		3,017	2,984	3,002		4.6	4.6	4.6	
483	Plx1	609	521	1,130		2,287	2,273	2,281		3.7	3.6	3.6	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
483	Pix2	129	94	223	4,227	4,068	4,160	6.9	7.1	7.0
483	Pix3	77	70	147	4,744	4,395	4,578	7.7	7.0	7.4
483	Pix4	72	65	137	10,181	10,814	10,482	12.4	12.0	12.2
485 Nutritional And Miscellaneous Metabolic Disorders		1,014	827	1,841	3,575	2,949	3,294	5.2	4.6	4.9
485	Pix1	620	518	1,138	2,640	2,204	2,442	4.1	3.5	3.8
485	Pix2	211	190	401	4,732	4,053	4,411	6.7	6.4	6.6
485	Pix3	143	83	226	5,746	5,041	5,487	8.1	7.4	7.8
485	Pix4	77	57	134	13,642	9,770	11,995	17.7	13.3	15.8
487 Cystic Fibrosis		74	84	158	11,452	11,247	11,343	12.5	11.5	12.0
487	Pix1	49	58	107	10,761	8,819	9,708	12.1	10.3	11.1
487	Pix2	15	12	27	11,814	10,701	11,320	13.5	12.2	12.9
487	Pix3	4	10	14	11,672	16,955	15,446	14.3	16.0	15.5
487	Pix4	7	4	11	17,266	33,827	23,289	14.7	16.3	15.3
488 Inborn Errors Of Metabolism		42	40	82	5,939	5,158	5,558	4.7	4.7	4.7
488	Pix1	27	25	52	4,266	3,313	3,808	3.5	3.1	3.3
488	Pix2	5	9	14	5,398	6,564	6,148	6.4	7.2	6.9
488	Pix3	7	3	10	7,242	10,776	8,302	5.7	12.0	7.6
488	Pix4	2	4	6	58,347	19,465	32,426	19.5	11.5	14.2
489 Endocrine Disorders		235	196	431	3,455	3,452	3,454	3.6	4.3	3.9
489	Pix1	181	141	322	2,653	2,813	2,635	2.4	2.9	2.6
489	Pix2	39	34	73	6,934	4,249	5,683	9.0	6.4	7.8
489	Pix3	16	7	23	8,382	8,505	8,420	12.0	10.4	11.5
489	Pix4	5	10	15	15,126	13,654	14,145	12.0	13.9	13.3
500 PWS - Kidney Transplant		134	119	253	16,958	16,973	16,965	9.4	9.1	9.2
500	Pix1	52	44	96	13,104	12,900	13,010	7.0	7.2	7.1
500	Pix2	24	17	41	13,863	14,363	14,070	7.3	7.6	7.4
500	Pix3	28	26	54	18,049	17,161	17,621	10.4	9.3	9.9
500	Pix4	27	36	63	26,709	26,825	26,775	14.8	14.6	14.7
501 Urinary Diversion And Augmentation		97	91	188	12,879	11,997	12,452	11.8	12.0	11.9
501	Pix1	68	53	121	11,376	9,932	10,743	10.7	9.4	10.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
501	Plx2	19	18	37	13,573	13,512	13,543	11.7	13.7	12.7
501	Plx3	2	9	11	14,831	14,055	14,196	15.5	15.1	15.2
501	Plx4	8	17	25	40,113	40,463	40,351	25.8	34.1	31.4
502 Radical Prostatectomy		626	312	938	5,680	5,398	5,586	4.6	5.0	4.7
502	Plx1	538	269	807	5,527	5,238	5,431	4.5	4.9	4.6
502	Plx2	59	31	90	6,069	6,260	6,135	4.7	5.5	5.0
502	Plx3	25	15	40	8,261	8,053	8,183	7.7	8.6	8.1
502	Plx4	8	2	10	7,950	9,043	8,169	6.0	8.0	6.4
503 Dialysis Procedures		83	102	185	16,095	10,901	13,231	14.5	10.6	12.4
503	Plx1	33	65	98	4,620	4,456	4,511	3.6	3.7	3.7
503	Plx2	12	10	22	12,075	15,772	13,755	10.9	16.0	13.2
503	Plx3	15	8	23	17,996	6,972	14,162	16.6	7.4	13.4
503	Plx4	24	18	42	54,991	48,890	52,376	60.9	48.6	55.6
504 Major Urinary Tract Procedures		583	513	1,096	6,562	6,514	6,539	4.9	5.4	5.1
504	Plx1	472	416	888	6,031	5,908	5,974	4.4	4.9	4.6
504	Plx2	63	66	129	8,375	9,075	8,733	6.4	7.3	6.9
504	Plx3	44	23	67	10,378	8,748	9,819	8.8	9.0	8.9
504	Plx4	24	28	52	22,573	20,141	21,263	14.8	15.0	14.9
505 Reconstructive Urological Procedures		70	21	91	5,282	6,655	5,599	4.3	7.0	4.9
505	Plx1	57	17	74	4,443	5,354	4,652	3.6	6.1	4.2
505	Plx2	5	2	7	6,656	8,618	7,217	6.2	8.0	6.7
505	Plx3	2	1	5	9,136	17,020	10,396	7.5	12.0	9.0
505	Plx4	7	1	8	12,272	14,479	12,548	9.6	14.0	10.1
506 Open Prostatectomy		27	17	44	4,968	3,851	4,537	4.6	2.6	3.8
506	Plx1	17	15	32	4,363	3,721	4,062	3.8	2.3	3.1
506	Plx2	6	2	8	6,060	4,823	5,751	5.5	5.0	5.4
506	Plx3	3		5	5,126		8,054	5.7		5.7
506	Plx4	1		2	8,242		6,362	9.0		9.0
507 Vascular And Other Urinary Procedures		33	36	69	9,292	10,580	9,964	9.4	8.4	8.9
507	Plx1	18	22	40	4,913	4,936	4,926	3.8	4.8	4.4

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Ptx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
507	Ptx2	2		5		9,933		9,818	9.0		9.0
507	Ptx3	5	3	8		15,619	19,720	17,157	18.6	22.3	20.0
507	Ptx4	13	14	27		53,649	40,326	46,741	44.8	29.5	36.9
508 Minor Upper Urinary Tract Procedures		265	239	504		6,217	5,923	6,077	5.1	5.0	5.1
508	Ptx1	213	195	408		5,444	5,092	5,276	4.1	4.1	4.1
508	Ptx2	28	16	44		8,212	8,093	8,169	8.2	9.4	8.6
508	Ptx3	15	20	35		11,872	9,095	10,285	12.8	8.6	10.4
508	Ptx4	11	14	25		22,501	18,701	20,373	22.1	18.4	20.0
509 Minor Lower Urinary Tract Procedures		93	59	152		3,322	3,983	3,579	2.4	2.8	2.6
509	Ptx1	89	55	144		3,277	3,760	3,461	2.3	2.7	2.5
509	Ptx2	5	1	6		5,550	6,206	5,659	6.2	4.0	5.8
509	Ptx3	2	2	5		16,180	6,432	9,988	18.5	5.0	11.8
509	Ptx4	1	1	3		51,165	9,132	21,551	16.0	3.0	9.5
510 Transurethral Prostatectomy		837	524	1,361		2,481	2,526	2,498	2.2	2.5	2.3
510	Ptx1	807	512	1,319		2,431	2,504	2,459	2.1	2.5	2.3
510	Ptx2	24	10	34		4,357	4,459	4,387	5.1	6.8	5.6
510	Ptx3	11	8	19		4,642	5,536	5,019	6.3	9.6	7.7
510	Ptx4	8	4	12		7,377	12,945	9,233	9.4	16.3	11.7
512 Other Transurethral Or Biopsy Procedures (MNRH)		927	813	1,740		2,042	2,219	2,125	1.9	1.9	1.9
512	Ptx1	908	782	1,690		2,013	2,175	2,088	1.8	1.9	1.8
512	Ptx2	16	22	38		4,309	3,347	3,752	5.4	3.5	4.3
512	Ptx3	10	10	20		7,810	6,108	6,959	8.9	6.3	7.6
512	Ptx4	10	7	17		14,209	8,398	11,816	15.1	9.0	12.6
514 Miscellaneous Urinary Tract Procedures (MNRH)		3	15	18		2,580	2,765	2,734	2.3	2.3	2.3
514	Ptx1	2	15	17		2,490	2,765	2,733	1.5	2.3	2.2
514	Ptx2	1	2	2		2,761		2,855	4.0		4.0
514	Ptx3			1				1,532			
514	Ptx4										
520 Renal Failure With Dialysis		192	190	382		14,160	13,300	13,732	14.4	14.5	14.5
520	Ptx1	57	59	116		6,068	7,243	6,666	7.2	9.4	8.3

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
520		Plx2	41	33	74	13,260	9,605	11,630	14.9	11.2	13.2
520		Plx3	35	37	72	13,730	13,238	13,477	14.1	16.6	15.4
520		Plx4	65	63	128	26,453	22,310	24,414	27.0	21.9	24.5
521	Renal Failure Without Dialysis		458	328	786	5,397	5,123	5,263	7.5	7.8	7.6
521		Plx1	171	134	305	3,779	3,632	3,715	5.6	5.5	5.5
521		Plx2	133	91	224	4,711	4,842	4,764	7.4	7.9	7.6
521		Plx3	108	66	174	6,316	6,609	6,427	9.2	10.8	9.8
521		Plx4	55	47	102	14,369	13,869	14,139	15.5	18.2	16.7
522	Urinary Neoplasm		173	94	267	6,931	5,375	6,364	10.5	8.0	9.6
522		Plx1	73	40	113	4,493	2,950	3,946	6.6	4.4	5.8
522		Plx2	37	29	66	7,151	5,425	6,393	11.6	8.1	10.1
522		Plx3	32	17	49	7,527	8,007	7,694	12.4	13.5	12.8
522		Plx4	27	9	36	10,191	13,110	10,920	13.4	17.0	14.3
524	Nephrotic Syndrome		50	39	89	3,540	4,135	3,801	4.4	5.3	4.8
524		Plx1	41	22	63	3,113	2,906	3,041	3.8	3.8	3.8
524		Plx2	4	7	11	3,079	4,673	4,093	4.0	6.4	5.5
524		Plx3	5	7	12	7,410	6,039	6,610	9.2	7.4	8.2
524		Plx4	1	3	5	14,616	7,454	10,825	23.0	9.0	12.5
525	Nephropathy Without Nephrotic Syndrome		31	52	83	3,775	3,401	3,541	4.5	3.7	4.0
525		Plx1	18	28	46	2,771	1,884	2,231	3.2	2.2	2.6
525		Plx2	3	5	8	6,269	1,852	3,508	6.0	3.0	4.1
525		Plx3	7	12	19	3,263	4,993	4,356	5.0	5.3	5.2
525		Plx4	3	8	11	8,505	8,444	8,461	10.3	9.1	9.5
526	Miscellaneous Nephrological Diagnosis		14	17	31	3,244	3,798	3,548	5.3	4.6	4.9
526		Plx1	7	10	17	2,182	3,088	2,715	4.1	4.3	4.2
526		Plx2	3	3	6	3,508	5,802	4,655	5.0	4.7	4.8
526		Plx3	3	3	6	3,083	4,197	3,640	5.3	5.7	5.5
526		Plx4	1	1	3	10,373	3,688	10,280	14.0	4.0	9.0
527	Upper Urinary Tract Infection		415	402	817	2,614	2,504	2,560	3.9	4.1	4.0
527		Plx1	337	322	659	2,302	2,191	2,248	3.4	3.6	3.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pkt Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
527	Pkt2	32	28	60		3,870	3,173	3,545		5.7	5.5	5.6	
527	Pkt3	30	36	66		4,074	3,849	3,952		5.9	6.2	6.0	
527	Pkt4	18	14	32		8,732	6,234	7,639		9.9	9.3	9.7	
529 Lower Urinary Tract Infection		688	525	1,213		3,484	3,182	3,353		5.3	5.1	5.2	
529	Pkt1	444	350	794		2,881	2,712	2,807		4.5	4.3	4.4	
529	Pkt2	137	95	232		4,083	3,882	4,001		6.6	6.5	6.5	
529	Pkt3	69	58	127		4,705	4,184	4,467		6.7	6.6	6.7	
529	Pkt4	51	30	81		10,443	10,353	10,410		15.1	13.5	14.5	
532 Urinary Retention And Other Functional Disorders Of Bladder		72	60	132		2,004	1,755	1,891		3.3	3.1	3.2	
532	Pkt1	65	51	116		1,839	1,685	1,771		3.1	2.8	3.0	
532	Pkt2	7	7	14		3,544	1,903	2,724		4.9	4.7	4.8	
532	Pkt3		2	5		3,022	3,047			5.0	5.0	5.0	
532	Pkt4	1	2	5		15,983	36,729	21,302		24.0	68.0	53.3	
534 Miscellaneous Urological Diagnoses (MNRH)		130	87	217		3,459	2,889	3,231		4.5	3.7	4.2	
534	Pkt1	98	66	164		2,684	2,118	2,456		3.6	3.0	3.3	
534	Pkt2	17	7	24		3,383	5,153	3,899		5.8	4.0	5.3	
534	Pkt3	9	12	21		5,886	5,763	5,816		8.4	7.8	8.1	
534	Pkt4	7	3	10		13,508	10,681	12,660		13.9	16.0	14.5	
535 Hematuria (MNRH)		84	50	134		1,863	1,643	1,781		3.2	3.1	3.1	
535	Pkt1	68	40	108		1,883	1,531	1,753		3.2	2.9	3.1	
535	Pkt2	14	9	23		1,670	2,028	1,810		2.9	3.8	3.3	
535	Pkt3	2	1	5		2,543	2,636	3,072		4.0	6.0	4.7	
535	Pkt4		1	2		8,084	5,704			17.0	17.0	17.0	
536 Urinary Obstruction (MNRH)		711	615	1,326		1,633	1,599	1,617		2.1	2.0	2.0	
536	Pkt1	645	577	1,222		1,522	1,541	1,531		2.0	1.9	1.9	
536	Pkt2	50	28	76		2,811	2,985	2,883		3.8	4.6	4.1	
536	Pkt3	25	21	46		4,749	3,773	4,303		6.1	5.3	5.7	
536	Pkt4	12	2	14		7,583	6,098	7,371		8.9	10.5	9.1	
538 Admission For Dialysis (MNRH)		1	6	7		1,259	1,215	1,222		1.0	1.0	1.0	
538	Pkt1												

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
538		Pix2	1	6	7	1,259	1,215	1,222	1.0	1.0	1.0
538		Pix3		1	1		6,706	6,706		6.0	6.0
538		Pix4									
550	Major Pelvic And Retroperitoneum Procedures		1	1	3	6,615	6,617	5,134	3.0	5.0	4.0
550		Pix1	1	1	3	6,615	6,617	5,134	3.0	5.0	4.0
550		Pix2									
550		Pix3									
550		Pix4									
551	Penis Procedures		58	44	102	4,242	3,757	4,032	2.0	2.9	2.4
551		Pix1	55	38	93	4,113	3,529	3,875	1.8	2.6	2.1
551		Pix2	1	4	5	6,780	4,557	5,002	4.0	4.0	4.0
551		Pix3	1	2	3	8,811	13,388	11,863	2.0	16.5	11.7
551		Pix4			2			14,028			
552	Testes Procedures		75	68	143	2,254	2,032	2,148	1.9	1.6	1.7
552		Pix1	69	66	135	2,091	1,946	2,020	1.6	1.5	1.5
552		Pix2	3	1	5	7,282	15,277	10,143	9.7	21.0	12.5
552		Pix3		1	2		10,452	9,210		9.0	9.0
552		Pix4			3			8,018			
554	Miscellaneous Male Reproductive System Procedures (MNRH)		58	54	112	1,703	1,632	1,668	1.0	1.0	1.0
554		Pix1	57	53	110	1,696	1,593	1,646	1.0	1.0	1.0
554		Pix2	2	1	5	2,451	3,691	2,762	1.5	1.0	1.3
554		Pix3	1	1	4	4,968	28,725	9,978	2.0	25.0	13.5
554		Pix4									
555	Circumcision (MNRH)		7	2	9	1,884	1,684	1,840	1.0	1.0	1.0
555		Pix1	7	2	9	1,884	1,684	1,840	1.0	1.0	1.0
555		Pix2			1			1,355			
555		Pix3	1	1	1	5,202		5,202	7.0		7.0
555		Pix4									
560	Malignancy Of Male Reproductive Organ		3	2	5	2,531	3,151	2,779	3.7	4.5	4.0
560		Pix1	2	2	5	1,945	3,151	3,007	3.0	4.5	3.8

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Ph Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2003/2001	Blended	Blended	2001/2002	2003/2001	Blended	Blended	2001/2002	2003/2001	Blended	Blended
560	Plk2												
560	Plk3	1		1		3,701		3,701		5.0		5.0	
560	Plk4												
561 Male Reproductive System Inflammation		42	42	84		2,276	2,976	2,626		4.0	5.3	4.7	
561	Plk1	36	34	70		2,011	2,330	2,166		3.5	4.5	4.0	
561	Plk2	5	4	9		4,650	6,033	5,265		8.6	8.5	8.6	
561	Plk3	2	2	5		4,344	4,447	3,941		6.5	6.0	6.3	
561	Plk4			2				3,745					
562 Other Male Reproductive System Diagnoses		11	6	17		1,578	1,406	1,517		2.5	2.3	2.5	
562	Plk1	10	6	16		1,398	1,406	1,401		2.3	2.3	2.3	
562	Plk2	1		3		3,375		3,150		5.0		5.0	
562	Plk3												
562	Plk4												
563 Miscellaneous Male Reproductive System Diagnoses (MNRH)		7	3	10		1,439	1,417	1,432		2.0	1.0	1.7	
563	Plk1	7	3	10		1,439	1,417	1,432		2.0	1.0	1.7	
563	Plk2			1				1,807					
563	Plk3												
563	Plk4												
575 PWS - Pelvic Exenteration		4	2	6		25,026	51,043	33,698		21.3	41.5	28.0	
575	Plk1												
575	Plk2	1		4		12,218		19,254		11.0		11.0	
575	Plk3	1		1		21,184		21,184		18.0		18.0	
575	Plk4	2	2	4		33,350	51,043	42,196		28.0	41.5	34.8	
576 PWS - Radical Hysterectomy And Vulvectomy		156	51	207		7,230	7,788	7,367		6.3	7.5	6.6	
576	Plk1	91	23	114		6,373	6,672	6,433		5.3	6.2	5.5	
576	Plk2	34	11	45		8,091	7,845	8,031		7.4	7.6	7.5	
576	Plk3	23	16	39		8,723	10,145	9,307		8.3	10.3	9.1	
576	Plk4	11	4	15		10,796	9,888	10,548		9.7	9.8	9.7	
577 Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		140	66	206		7,310	7,902	7,500		6.8	8.4	7.3	
577	Plk1	86	36	122		5,769	6,094	5,865		5.5	6.2	5.7	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
577	Pix2	32	17	49	8,819	9,766	9,148	8.2	10.5	9.0
577	Pix3	14	11	25	11,323	10,232	10,843	10.8	11.4	11.0
577	Pix4	11	7	18	15,916	26,045	19,855	16.0	27.6	20.5
Major Gynecological Procedures For Malignancy Except Ovarian Or										
578 Adnexal		236	125	361	4,488	4,610	4,530	4.1	4.3	4.2
578	Pix1	183	90	273	3,976	3,899	3,951	3.6	3.6	3.6
578	Pix2	31	15	46	6,233	5,572	6,018	5.9	5.9	5.9
578	Pix3	12	16	28	8,921	8,855	8,883	9.1	8.4	8.7
578	Pix4	9	4	13	9,392	13,661	10,706	9.8	12.0	10.5
Major Uterine And Adnexal Procedures Without Malignancy										
579	Pix1	4,042	2,385	6,427	3,380	3,286	3,345	3.1	3.1	3.1
579	Pix2	3,765	2,226	5,991	3,322	3,248	3,294	3.1	3.1	3.1
579	Pix3	268	185	453	4,905	4,691	4,818	4.6	4.8	4.7
579	Pix4	131	83	214	5,673	6,213	5,882	5.5	6.2	5.7
579	Pix4	60	39	99	8,733	8,808	8,763	7.6	8.4	7.9
Reconstructive Gynecological Procedures										
581	Pix1	886	529	1,415	3,305	3,601	3,416	3.0	3.4	3.1
581	Pix2	803	461	1,264	3,073	3,378	3,184	2.8	3.1	2.9
581	Pix3	62	52	114	5,455	5,349	5,407	5.1	5.4	5.2
581	Pix4	22	20	42	6,546	6,292	6,425	6.0	6.1	6.0
581	Pix4	8	7	15	7,556	9,288	8,364	5.9	10.9	8.2
Other Gynecological Procedures										
582	Pix1	71	65	136	3,280	3,209	3,246	3.0	3.1	3.1
582	Pix2	65	60	125	2,888	2,940	2,913	2.7	2.9	2.8
582	Pix3	7	6	13	9,145	7,185	8,240	9.0	7.5	8.3
582	Pix4	3	5	5	10,557	7,536	7,536	10.7		10.7
582	Pix4	2	1	5	21,652	14,161	17,249	27.0	12.0	22.0
Radio-Implant For Malignancy										
583	Pix1	28	34	62	3,796	4,207	4,022	2.0	2.1	2.1
583	Pix2	28	34	62	3,796	4,207	4,022	2.0	2.1	2.1
583	Pix3									
583	Pix4									
583	Pix4	1	3	3	9,690	5,075	5,075	10.0	10.0	10.0
Vagina, Cervix And Vulva Procedures										
584	Pix1	90	54	144	2,295	2,404	2,336	2.1	2.2	2.1
584	Pix1	85	52	137	2,123	2,381	2,221	1.9	2.2	2.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Px Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
584	Pk2	6	3	9	6,316	4,684	5,772	5.7	5.7	5.7
584	Pk3	1		4	6,999		5,400	12.0		12.0
584	Pk4									
585 Gynecological Laparoscopy (MNRH)		67	81	148	2,292	2,099	2,187	2.3	2.1	2.2
585	Pk1	67	81	148	2,292	2,099	2,187	2.3	2.1	2.2
585	Pk2			4			1,381			
585	Pk3			3			1,650			
585	Pk4		1	1		7,498	7,498		9.0	9.0
586 Tubal Interruption (MNRH)		10	7	17	1,420	2,554	1,887	1.1	1.4	1.2
586	Pk1	10	7	17	1,420	2,554	1,887	1.1	1.4	1.2
586	Pk2									
586	Pk3									
586	Pk4									
587 Miscellaneous Gynecological Procedures (MNRH)		263	141	404	1,168	1,295	1,213	1.3	1.3	1.3
587	Pk1	256	140	396	1,142	1,284	1,192	1.3	1.3	1.3
587	Pk2	3		5	2,629		6,056	3.3		3.3
587	Pk3	4		5	2,249		2,065	1.5		1.5
587	Pk4	2	1	3	15,109	2,847	11,022	15.5	3.0	11.3
592 Malignancy Of Female Reproductive Organ		53	52	105	4,562	6,426	5,485	7.5	10.6	9.0
592	Pk1	23	30	53	2,991	4,525	3,859	4.7	7.4	6.2
592	Pk2	17	11	28	6,292	6,724	6,462	11.2	11.8	11.4
592	Pk3	6	4	10	3,653	10,608	6,435	5.8	18.8	11.0
592	Pk4	6	8	14	5,899	13,328	10,144	8.8	20.6	15.6
594 Female Reproductive System Infection		92	53	145	1,835	1,746	1,803	3.1	3.1	3.1
594	Pk1	88	52	140	1,842	1,713	1,794	3.1	3.1	3.1
594	Pk2	3	1	5	1,609	3,456	2,211	3.3	6.0	4.0
594	Pk3	1		3	1,953		1,208	2.0		2.0
594	Pk4									
595 Other Female Reproductive System Diagnoses And Injuries		71	39	110	1,612	1,464	1,559	2.5	2.5	2.5
595	Pk1	66	37	103	1,495	1,391	1,457	2.4	2.4	2.4

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
595		Pix2	2	2	5	2,304	2,804	2,782	3.5	4.5	4.0
595		Pix3	3		3	3,731		3,731	3.7		3.7
595		Pix4									
596	Miscellaneous Gynecological Diagnoses (MNRH)		254	149	403	1,328	1,442	1,370	1.9	2.1	1.9
596		Pix1	246	139	385	1,294	1,342	1,311	1.8	2.0	1.9
596		Pix2	5	6	11	2,319	1,916	2,099	2.8	2.8	2.8
596		Pix3	3	2	5	4,643	2,533	3,799	6.0	4.0	5.2
596		Pix4	1	2	5	3,232	5,859	6,417	4.0	6.0	5.3
599	Premature Labour		403	138	541	2,553	2,703	2,591	3.3	3.2	3.2
599		Pix9	403	138	541	2,553	2,703	2,591	3.3	3.2	3.2
600	Major Procedures In Pregnancy Or Childbirth		71	44	115	7,398	9,415	8,169	5.8	6.5	6.1
600		Pix9	71	44	115	7,398	9,415	8,169	5.8	6.5	6.1
601	Repeat Caesarean Delivery With Complicating Diagnosis		741	426	1,167	3,224	3,490	3,321	3.3	3.5	3.4
601		Pix9	741	426	1,167	3,224	3,490	3,321	3.3	3.5	3.4
602	Caesarean Delivery With Complicating Diagnosis		1,842	1,016	2,858	4,090	4,006	4,060	3.9	4.1	4.0
602		Pix9	1,842	1,016	2,858	4,090	4,006	4,060	3.9	4.1	4.0
603	Repeat Caesarean Delivery		973	415	1,388	2,487	2,831	2,590	2.7	2.7	2.7
603		Pix9	973	415	1,388	2,487	2,831	2,590	2.7	2.7	2.7
604	Caesarean Delivery		1,835	972	2,807	3,347	3,348	3,347	3.3	3.5	3.4
604		Pix9	1,835	972	2,807	3,347	3,348	3,347	3.3	3.5	3.4
605	Fetal Surgery		2	1	5	2,805	3,098	2,406	4.0	3.0	3.7
605		Pix9	2	1	5	2,805	3,098	2,406	4.0	3.0	3.7
606	Vaginal Delivery With Sterilization Procedures		32	65	97	2,596	2,607	2,604	2.4	2.2	2.3
606		Pix9	32	65	97	2,596	2,607	2,604	2.4	2.2	2.3
607	Vaginal Delivery With Minor Procedures		130	63	193	2,907	2,800	2,872	2.2	2.5	2.3
607		Pix9	130	63	193	2,907	2,800	2,872	2.2	2.5	2.3
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		395	241	636	2,365	2,343	2,357	2.0	2.2	2.1
608		Pix9	395	241	636	2,365	2,343	2,357	2.0	2.2	2.1
609	Vaginal Delivery With Complicating Diagnosis		7,664	4,694	12,358	2,287	2,204	2,255	2.0	2.3	2.1

Schedule 2 – Inpatient Yearly Comparisons

CMC Code Description	Phx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
609	Pk-9	7,664	4,694	12,358	2,287	2,204	2,255	2.0	2.3	2.1
610 Vaginal Delivery After Caesarean Delivery (VBAC)										
	Pk-9	462	280	742	1,917	1,962	1,934	1.5	1.8	1.6
610	Pk-9	462	280	742	1,917	1,962	1,934	1.5	1.8	1.6
611 Vaginal Delivery										
	Pk-9	10,030	5,735	15,765	1,684	1,713	1,694	1.5	1.7	1.6
611	Pk-9	10,030	5,735	15,765	1,684	1,713	1,694	1.5	1.7	1.6
612 Ectopic Pregnancy With Major Procedures										
	Pk-9	162	101	263	2,767	2,935	2,831	2.5	2.6	2.6
612	Pk-9	162	101	263	2,767	2,935	2,831	2.5	2.6	2.6
613 Ectopic Pregnancy With Minor Procedures										
	Pk-9	176	145	321	2,170	2,125	2,150	1.6	1.6	1.6
613	Pk-9	176	145	321	2,170	2,125	2,150	1.6	1.6	1.6
614 Ectopic Pregnancy										
	Pk-9	39	14	53	554	777	613	1.0	1.0	1.0
614	Pk-9	39	14	53	554	777	613	1.0	1.0	1.0
615 Threatened Abortion										
	Pk-9	72	32	104	988	1,190	1,051	1.5	1.6	1.5
615	Pk-9	72	32	104	988	1,190	1,051	1.5	1.6	1.5
616 Abortive Outcome With Injection										
	Pk-9	6	5	11	3,157	3,623	3,369	1.2	1.0	1.1
616	Pk-9	6	5	11	3,157	3,623	3,369	1.2	1.0	1.1
617 Abortive Outcome With D And C										
	Pk-9	867	494	1,361	804	931	850	1.0	1.0	1.0
617	Pk-9	867	494	1,361	804	931	850	1.0	1.0	1.0
618 Abortive Outcome										
	Pk-9	165	105	270	1,139	917	1,053	1.4	1.3	1.3
618	Pk-9	165	105	270	1,139	917	1,053	1.4	1.3	1.3
619 False Labour LOS < 3 Days (MNRH)										
	Pk-9	429	180	609	778	1,095	871	1.0	1.0	1.0
619	Pk-9	429	180	609	778	1,095	871	1.0	1.0	1.0
620 Post-Partum Diagnosis With Procedures Other Than D And C										
	Pk-9	34	16	50	3,784	4,163	3,905	4.1	3.9	4.0
620	Pk-9	34	16	50	3,784	4,163	3,905	4.1	3.9	4.0
621 Post-Partum Diagnosis With D And C										
	Pk-9	139	83	222	1,109	1,264	1,167	1.4	1.3	1.3
621	Pk-9	139	83	222	1,109	1,264	1,167	1.4	1.3	1.3
622 Post-Partum Diagnosis										
	Pk-9	422	263	685	1,570	1,599	1,581	2.3	2.5	2.4
622	Pk-9	422	263	685	1,570	1,599	1,581	2.3	2.5	2.4
623 Antepartum Diagnosis With Complicating Diagnosis										
	Pk-9	705	341	1,046	1,587	1,813	1,661	2.4	2.3	2.4
623	Pk-9	705	341	1,046	1,587	1,813	1,661	2.4	2.3	2.4

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
624	Antepartum Diagnosis		811	320	1,131	1,148	1,474	1,241	1.6	1.8	1.7
624		Pix9	811	320	1,131	1,148	1,474	1,241	1.6	1.8	1.7
625	PWS - Neonates Weight < 750 Grams		102	33	135	49,964	69,469	54,732	21.5	28.3	23.1
625		Pix9	102	33	135	49,964	69,469	54,732	21.5	28.3	23.1
626	PWS - Neonates Weight 750-999 Grams		105	79	184	76,974	61,532	70,344	43.9	30.9	38.3
626		Pix9	105	79	184	76,974	61,532	70,344	43.9	30.9	38.3
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		14	1	15	43,064	16,051	41,263	25.1	3.0	23.7
627		Pix9	14	1	15	43,064	16,051	41,263	25.1	3.0	23.7
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		328	197	525	33,146	28,187	31,285	25.1	23.6	24.6
628		Pix9	328	197	525	33,146	28,187	31,285	25.1	23.6	24.6
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		7	4	11	26,162	70,830	42,405	17.4	22.0	19.1
630		Pix9	7	4	11	26,162	70,830	42,405	17.4	22.0	19.1
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		160	98	258	20,455	22,556	21,253	16.1	18.7	17.1
631		Pix9	160	98	258	20,455	22,556	21,253	16.1	18.7	17.1
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		515	200	715	10,862	9,721	10,543	12.5	12.5	12.5
632		Pix9	515	200	715	10,862	9,721	10,543	12.5	12.5	12.5
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		11	1	12	18,711	12,738	18,214	10.5	19.0	11.3
636		Pix9	11	1	12	18,711	12,738	18,214	10.5	19.0	11.3
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		195	133	328	14,508	14,717	14,592	10.3	10.3	10.3
637		Pix9	195	133	328	14,508	14,717	14,592	10.3	10.3	10.3
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		241	157	398	9,149	8,495	8,891	8.7	9.1	8.9
638		Pix9	241	157	398	9,149	8,495	8,891	8.7	9.1	8.9
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		811	402	1,213	4,558	3,966	4,361	5.9	5.9	5.9
639		Pix9	811	402	1,213	4,558	3,966	4,361	5.9	5.9	5.9
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		227	132	359	954	1,031	983	1.7	1.9	1.8

Schedule 2 -- Inpatient Yearly Comparisons

CHC Code	Description	Phx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
640		Pix9	227	132	359	954	1,031	983	1.7	1.9	1.8
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		31	22	53	26,762	32,220	29,028	9.8	12.8	11.0
643		Pix9	31	22	53	26,762	32,220	29,028	9.8	12.8	11.0
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		649	402	1,051	10,600	9,661	10,241	5.9	5.7	5.8
644		Pix9	649	402	1,051	10,600	9,661	10,241	5.9	5.7	5.8
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		1,099	961	2,060	3,371	3,739	3,543	3.3	3.6	3.4
645		Pix9	1,099	961	2,060	3,371	3,739	3,543	3.3	3.6	3.4
646	Neonates Weight > 2500 gm With Caesarian Delivery		4,537	2,312	6,849	1,409	1,594	1,471	3.0	3.1	3.0
646		Pix9	4,537	2,312	6,849	1,409	1,594	1,471	3.0	3.1	3.0
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		1,994	1,271	3,265	1,707	1,951	1,802	2.2	2.5	2.3
647		Pix9	1,994	1,271	3,265	1,707	1,951	1,802	2.2	2.5	2.3
648	Neonates Weight > 2500 gm (Normal Newborn)		15,900	9,365	25,265	713	848	763	1.4	1.6	1.4
648		Pix9	15,900	9,365	25,265	713	848	763	1.4	1.6	1.4
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		117	78	195	80,430	73,914	77,823	43.7	39.4	42.0
650		Pix1	4	4	8	24,272	22,533	23,402	13.3	16.0	14.6
650		Pix2	2	3	5	16,403	17,801	17,242	14.5	17.0	16.0
650		Pix3	3	4	7	34,790	31,771	33,065	31.3	28.0	29.4
650		Pix4	108	68	176	86,092	83,689	85,164	46.3	43.9	45.4
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		2	1	5	36,324	48,823	35,381	18.0	34.0	23.3
651		Pix9	2	1	5	36,324	48,823	35,654	18.0	34.0	23.3
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		1	3	5	18,064	37,142	44,078	5.0	29.0	23.0
652		Pix9	1	3	5	18,064	37,142	39,119	5.0	29.0	23.0
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		24	24	48	39,916	33,441	36,678	22.1	19.1	20.6
653		Pix9	24	24	48	39,916	33,441	36,678	22.1	19.1	20.6
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		5	7	12	33,662	42,429	38,776	16.2	17.4	16.9
654		Pix9	5	7	12	33,662	42,429	38,776	16.2	17.4	16.9
655	PWS - Spinal Procedures With Femur Procedures For Trauma		6	8	14	22,590	27,459	25,372	13.2	16.1	14.9

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
655		Pix9	6	8	14	22,590	27,459	25,372	13.2	16.1	14.9
	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For										
656	Trauma		3	3	6	36,695	47,434	42,065	16.3	19.7	18.0
656		Pix9	3	3	6	36,695	47,434	42,065	16.3	19.7	18.0
	PWS - Spinal Procedures With Wound Debridement Or Lower										
657	Extremity Proc For Trauma		12	8	20	27,989	23,943	26,371	15.4	18.5	16.7
657		Pix9	12	8	20	27,989	23,943	26,371	15.4	18.5	16.7
	Femur Procedures With Wound Debridement Or Lower Extremity Proc										
658	For Trauma		88	76	164	19,841	20,839	20,303	13.8	14.8	14.3
658		Pix9	88	76	164	19,841	20,839	20,303	13.8	14.8	14.3
	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity										
659	Proc For Trauma		21	14	35	26,245	23,754	25,249	15.7	15.8	15.7
659		Pix9	21	14	35	26,245	23,754	25,249	15.7	15.8	15.7
660	PWS - Intracranial Procedures For Trauma										
660		Pix1	49	71	120	9,129	7,645	8,251	5.4	4.8	5.0
660		Pix2	25	22	47	11,090	14,238	12,564	7.6	10.1	8.8
660		Pix3	14	12	26	22,514	15,207	19,141	10.6	8.7	9.7
660		Pix4	33	45	78	33,984	36,285	35,311	14.8	12.8	13.6
661	PWS - Spinal Procedures For Trauma										
661		Pix1	161	101	262	14,432	16,084	15,068	10.3	10.0	10.2
661		Pix2	110	61	171	11,636	11,042	11,424	8.6	7.8	8.3
661		Pix3	24	22	46	18,254	19,712	18,951	13.3	13.3	13.3
661		Pix4	15	10	25	17,207	20,979	18,716	13.3	12.9	13.1
661		Pix4	19	12	31	51,969	45,561	49,489	25.5	22.5	24.3
662	Femur Or Pelvic Procedures For Trauma										
662		Pix1	1,153	952	2,105	8,614	8,008	8,340	8.9	8.7	8.8
662		Pix2	787	643	1,430	7,097	6,547	6,850	7.2	6.8	7.0
662		Pix3	183	164	347	11,095	9,730	10,450	12.3	11.3	11.8
662		Pix4	101	81	182	12,174	12,654	12,387	13.2	16.2	14.5
662		Pix4	101	70	171	19,553	19,917	19,702	22.1	21.6	21.9
663	Thoraco-Abdominal Procedures For Trauma										
663		Pix1	161	113	274	11,199	10,510	10,915	7.4	7.5	7.4
663		Pix2	66	60	126	6,571	7,629	7,075	5.8	6.2	6.0
663		Pix2	32	21	53	7,864	8,612	8,161	5.9	7.5	6.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pia Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
663	Pix3	27	18	45		11,051	15,435	12,805		8.3	9.9	8.9	
663	Pix4	44	17	61		31,518	22,839	29,099		15.6	13.5	15.0	
664 Wound Debridement And Skin Graft For Trauma		564	467	1,031		7,644	8,134	7,866		6.3	6.4	6.3	
664	Pix1	407	355	762		5,582	6,005	5,779		4.5	4.8	4.6	
664	Pix2	106	71	177		11,347	12,254	11,710		9.4	10.1	9.7	
664	Pix3	29	24	53		17,448	17,136	17,307		15.9	14.1	15.1	
664	Pix4	27	23	50		31,374	34,474	32,800		22.4	23.4	22.9	
665 PWS - Elevated Skull Fractures		12	19	31		14,836	8,879	11,185		7.3	5.7	6.3	
665	Pix1	7	11	18		4,978	5,984	5,580		2.7	3.8	3.4	
665	Pix2	1	7	8		7,685	11,664	11,166		7.0	8.3	8.1	
665	Pix3	1		3		20,361		18,817		10.0		10.0	
665	Pix4	3	1	5		38,380	21,462	32,357		17.3	8.0	15.0	
666 Major Lower Extremity Procedures For Trauma		1,955	1,525	3,480		3,721	3,938	3,816		3.0	3.1	3.0	
666	Pix1	1,854	1,460	3,314		3,589	3,814	3,688		2.9	3.0	2.9	
666	Pix2	117	86	203		8,230	9,839	8,911		7.4	9.1	8.1	
666	Pix3	42	31	73		11,366	15,748	13,227		10.2	12.4	11.2	
666	Pix4	32	22	54		21,486	22,521	21,908		18.0	18.7	18.3	
667 Minor Lower Extremity Procedures For Trauma		54	44	98		3,680	3,174	3,453		3.0	2.6	2.9	
667	Pix1	51	43	94		3,278	3,139	3,214		2.7	2.6	2.7	
667	Pix2	1	2	5		17,664	8,880	13,578		28.0	8.5	15.0	
667	Pix3	1		1		7,756		7,756		9.0		9.0	
667	Pix4												
668 Miscellaneous Musculoskeletal Procedures For Trauma		355	264	619		4,419	5,049	4,688		3.3	3.8	3.5	
668	Pix1	327	232	559		4,022	4,311	4,142		3.0	3.2	3.1	
668	Pix2	15	14	29		8,469	8,733	8,596		6.7	6.3	6.5	
668	Pix3	6	6	12		11,528	16,061	13,795		7.3	11.7	9.5	
668	Pix4	5	3	8		24,528	18,450	22,249		12.8	9.0	11.4	
669 Vascular Repair For Trauma		40	23	63		5,421	5,147	5,321		3.0	2.8	2.9	
669	Pix1	29	20	49		3,792	4,662	4,147		2.3	2.6	2.4	
669	Pix2	5	2	7		7,321	5,340	6,755		3.8	3.5	3.7	

Schedule 2 -- Inpatient Yearly Comparisons

CHI Code	Description	Ph Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
669		Pix3	3	1	4	7,994	14,452	9,609	4.7	6.0	5.0
669		Pix4	5	1	6	22,444	30,631	23,808	11.6	14.0	12.0
670	Upper Extremity Procedures For Trauma		1,267	1,050	2,317	3,019	3,040	3,028	2.1	2.1	2.1
670		Pix1	1,152	963	2,115	2,741	2,783	2,760	1.8	1.8	1.8
670		Pix2	45	41	86	5,979	6,845	6,392	4.6	5.9	5.2
670		Pix3	12	8	20	8,522	9,962	9,098	7.0	8.1	7.5
670		Pix4	6	5	11	12,619	14,731	13,579	11.2	13.6	12.3
674	PWS - Intracranial Injuries With Spinal Injuries		26	21	47	18,776	13,418	16,382	10.6	8.6	9.7
674		Pix9	26	21	47	18,776	13,418	16,382	10.6	8.6	9.7
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		12	9	21	4,523	16,341	9,588	2.7	6.3	4.2
675		Pix9	12	9	21	4,523	16,341	9,588	2.7	6.3	4.2
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		38	22	60	14,364	13,935	14,207	8.8	6.3	7.9
676		Pix9	38	22	60	14,364	13,935	14,207	8.8	6.3	7.9
677	Spinal Injuries With Fractures Of Femur		42	24	66	5,904	6,625	6,166	7.3	10.2	8.4
677		Pix9	42	24	66	5,904	6,625	6,166	7.3	10.2	8.4
678	Spinal Injuries With Thoraco-Abdominal Injuries		65	37	102	6,413	6,959	6,611	6.9	6.6	6.8
678		Pix9	65	37	102	6,413	6,959	6,611	6.9	6.6	6.8
679	Fractures Of Femur With Thoraco-Abdominal Injuries		27	24	51	8,493	13,085	10,654	9.4	11.1	10.2
679		Pix9	27	24	51	8,493	13,085	10,654	9.4	11.1	10.2
680	Femur Or Pelvic Fractures And Dislocations		286	230	516	5,371	5,162	5,278	9.7	9.7	9.7
680		Pix1	211	163	374	4,546	4,202	4,396	8.2	7.7	8.0
680		Pix2	43	37	80	9,226	9,410	9,311	16.6	19.8	18.1
680		Pix3	18	19	37	8,267	7,439	7,842	14.1	11.7	12.9
680		Pix4	18	15	33	12,114	14,639	13,262	18.3	23.9	20.8
681	Frostbite		10	6	16	3,874	11,514	6,739	6.6	13.8	9.3
681		Pix1	8	4	12	3,792	11,215	6,266	6.6	14.8	9.3
681		Pix2	1	1	3	1,116	7,841	9,410	3.0	11.0	7.0
681		Pix3	1	1	3	7,288	16,386	9,858	10.0	13.0	11.5
681		Pix4									
682	Spinal Injuries		344	251	595	3,651	3,505	3,589	4.9	4.5	4.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pfx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
682	Pfx1	298	219	517		3,320	3,221	3,278		4.4	4.3	4.4	
682	Pfx2	39	26	65		6,278	4,872	5,716		9.1	8.0	8.6	
682	Pfx3	6	5	11		10,217	6,515	8,534		15.0	9.4	12.5	
682	Pfx4	10	6	16		20,909	24,302	22,182		29.1	19.7	25.6	
683	Intracranial Injuries	355	201	556		5,759	5,352	5,612		5.1	4.4	4.8	
683	Pfx1	267	148	415		3,777	3,669	3,739		3.8	3.4	3.7	
683	Pfx2	31	18	49		7,589	6,026	7,002		6.6	5.0	6.0	
683	Pfx3	22	19	41		9,303	10,077	9,662		8.8	7.3	8.1	
683	Pfx4	40	17	57		22,499	17,495	21,006		16.4	11.1	14.8	
684	Fracture Of Humerus	73	72	145		4,040	3,636	3,840		6.3	6.3	6.3	
684	Pfx1	54	60	114		2,840	2,784	2,800		4.0	4.5	4.3	
684	Pfx2	16	8	24		13,024	10,245	12,098		26.1	19.9	24.0	
684	Pfx3	7	3	10		24,438	7,817	19,452		46.4	13.3	36.5	
684	Pfx4	3	1	5		8,431	51,135	19,159		13.7	125.0	41.5	
685	Hip And Thigh Injuries	34	40	74		3,523	2,843	3,155		6.5	5.3	5.8	
685	Pfx1	30	36	66		3,297	2,471	2,846		6.1	4.4	5.2	
685	Pfx2	3	1	5		4,764	3,404	3,968		8.7	8.0	8.5	
685	Pfx3	1	4	5		6,582	8,994	8,511		12.0	19.5	18.0	
685	Pfx4	1	1	5		24,065	24,257	11,492		33.0	64.0	48.5	
686	Major Nerve Injuries	2	3	5		10,845	6,043	7,964		7.5	5.0	6.0	
686	Pfx1	1	3	5		15,905	6,043	7,716		5.0	5.0	5.0	
686	Pfx2			1				5,064					
686	Pfx3	1		2		5,785		5,857		10.0			
686	Pfx4												
687	Thoraco-Abdominal Injuries	483	382	865		4,449	4,395	4,425		4.7	5.1	4.9	
687	Pfx1	395	293	688		3,434	3,770	3,577		4.1	4.4	4.2	
687	Pfx2	44	40	84		5,599	5,445	5,525		8.0	7.8	7.9	
687	Pfx3	31	38	69		8,557	7,125	7,768		9.9	7.8	8.8	
687	Pfx4	30	14	44		21,426	16,503	19,859		14.1	13.1	13.8	
688	Weight Bearing Injuries	262	241	503		2,242	2,264	2,253		3.1	2.8	2.9	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
688	Pix1	237	222	459		1,904	2,052	1,976		2.6	2.5	2.5	
688	Pix2	11	13	24		8,655	9,173	8,936		13.3	16.1	14.8	
688	Pix3	8	7	15		6,286	3,952	5,197		7.9	4.1	6.1	
688	Pix4	7	2	9		19,075	20,302	19,347		19.9	30.5	22.2	
689 Genito-Urinary Injuries		54	53	107		3,600	2,622	3,116		4.3	3.4	3.9	
689	Pix1	42	42	84		2,968	1,938	2,453		3.5	2.8	3.2	
689	Pix2	6	8	14		6,278	4,438	5,227		6.2	5.3	5.6	
689	Pix3	4	4	8		5,136	8,837	6,986		5.8	9.8	7.8	
689	Pix4	1	1	2		23,386	13,474			23.0	23.0	23.0	
690 Crushing Injuries And Contusions		105	135	240		2,356	2,109	2,217		3.0	2.8	2.9	
690	Pix1	94	122	216		2,237	1,872	2,031		2.9	2.5	2.7	
690	Pix2	6	9	15		2,784	5,690	4,528		5.2	7.8	6.7	
690	Pix3	7	4	11		5,686	6,845	6,107		8.0	13.3	9.9	
690	Pix4	4	5	9		10,282	6,098	7,957		18.8	8.0	12.8	
691 Minor Lower Extremity Fractures		8	6	14		2,013	1,431	1,764		2.4	1.2	1.9	
691	Pix1	8	6	14		2,013	1,431	1,764		2.4	1.2	1.9	
691	Pix2	1	1	1				3,088					
691	Pix3	1	1	1		2,110		2,110		5.0		5.0	
691	Pix4												
692 Wounds		231	197	428		1,894	1,992	1,939		1.6	1.7	1.6	
692	Pix1	221	189	410		1,901	1,986	1,940		1.6	1.7	1.6	
692	Pix2	8	8	16		3,493	5,078	4,285		4.1	6.0	5.1	
692	Pix3	4	6	10		897	3,463	2,437		1.5	4.7	3.4	
692	Pix4	3		5		20,253		14,123		32.3		32.3	
693 Amputations Or Vascular And Other Nerve Injuries		53	28	81		3,267	3,169	3,233		2.3	2.4	2.4	
693	Pix1	50	27	77		2,899	3,240	3,019		2.3	2.5	2.3	
693	Pix2	1		5		4,294		4,099		3.0		3.0	
693	Pix3	1	1	2		2,387	1,238	1,813		1.0	1.0	1.0	
693	Pix4	2		2		16,539		16,539		9.5		9.5	
694 Facial Injuries		167	163	330		2,487	2,521	2,504		2.1	2.2	2.2	

Schedule 2 -- Inpatient Yearly Comparisons

CHC Code Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended	Blended	2001/2002	2000/2001	Blended	Blended	2001/2002	2000/2001	Blended	Blended
694	P1x1	157	157	314	2,282	2,535	2,409	2.1	2.2	2.1	2.2	2.1	2.1
694	P1x2	8	4	12	4,258	4,627	4,381	4.4	4.0	4.4	4.0	4.3	4.3
694	P1x3	2	2	5	2,730	2,237	3,286	2.0	1.5	2.0	1.5	1.8	1.8
694	P1x4	1	1	3	22,086	3,045	9,103	4.0	2.0	4.0	2.0	3.0	3.0
695 Other Cranial Injuries		204	279	483	1,957	1,713	1,816	1.7	1.8	1.7	1.8	1.7	1.7
695	P1x1	186	260	446	1,867	1,545	1,679	1.7	1.7	1.7	1.7	1.7	1.7
695	P1x2	11	17	28	3,806	4,824	4,302	3.4	4.9	3.4	4.9	4.3	4.3
695	P1x3	13	13	26	5,530	4,505	5,017	4.1	3.8	4.1	3.8	3.9	3.9
695	P1x4	10	5	15	24,932	11,012	20,292	12.0	4.4	12.0	4.4	9.5	9.5
696 Upper Extremity Fractures		232	227	459	1,820	1,814	1,817	1.6	1.6	1.6	1.6	1.6	1.6
696	P1x1	225	220	445	1,809	1,789	1,799	1.6	1.6	1.6	1.6	1.6	1.6
696	P1x2	17	13	30	6,898	5,582	6,328	8.2	8.4	8.2	8.4	8.3	8.3
696	P1x3	3	3	6	8,536	4,901	6,718	8.7	9.7	8.7	9.7	9.2	9.2
696	P1x4	5	2	7	17,128	21,897	18,490	24.8	35.0	24.8	35.0	27.7	27.7
700 PWS - Bone Marrow Transplant		134	121	255	46,067	43,587	44,890	28.7	28.2	28.7	28.2	28.5	28.5
700	P1x1	8	7	15	25,906	23,239	24,661	19.8	16.6	19.8	16.6	18.3	18.3
700	P1x2	7	9	16	41,325	42,478	41,974	28.3	28.8	28.3	28.8	28.6	28.6
700	P1x3	8	9	17	51,130	28,971	39,399	30.1	19.4	30.1	19.4	24.5	24.5
700	P1x4	112	95	207	47,463	46,321	46,939	29.6	29.5	29.6	29.5	29.6	29.6
701 Splenectomy		48	42	90	6,852	7,392	7,104	5.1	5.0	5.1	5.0	5.0	5.0
701	P1x1	38	32	70	6,437	6,337	6,391	4.8	4.0	4.8	4.0	4.5	4.5
701	P1x2	6	3	9	6,846	5,272	6,321	5.0	3.0	5.0	3.0	4.3	4.3
701	P1x3	4	6	10	10,805	17,253	14,674	7.3	15.8	7.3	15.8	12.4	12.4
701	P1x4	2	3	5	83,611	25,543	48,770	61.0	22.0	61.0	22.0	37.6	37.6
703 Other O.R. Procedures Of Blood And Blood-Forming Organs		71	61	132	6,495	4,665	5,649	4.6	3.9	4.6	3.9	4.3	4.3
703	P1x1	54	51	105	4,708	3,907	4,319	3.2	3.2	3.2	3.2	3.2	3.2
703	P1x2	9	5	14	10,358	8,361	9,645	12.0	5.6	12.0	5.6	9.7	9.7
703	P1x3	6	3	9	11,455	7,606	10,172	7.8	6.7	7.8	6.7	7.4	7.4
703	P1x4	9	2	11	44,818	21,186	40,521	23.0	14.5	23.0	14.5	21.5	21.5
704 Red Blood Cell Disorders		424	326	750	4,298	4,329	4,312	5.7	5.6	5.7	5.6	5.7	5.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended	Blended	2001/2002	2000/2001	Blended	Blended	2001/2002	2000/2001	Blended	Blended
704		Pix1	248	193	441		3,288	3,642	3,443		4.5	4.6	4.5	
704		Pix2	93	68	161		4,338	4,114	4,244		6.7	5.7	6.2	
704		Pix3	52	45	97		6,009	5,473	5,760		7.3	6.9	7.1	
704		Pix4	32	16	48		16,410	16,047	16,289		13.8	12.8	13.5	
709	Coagulation Disorders		175	150	325		3,184	2,863	3,036		3.8	3.3	3.6	
709		Pix1	136	103	239		2,622	2,377	2,516		3.2	2.7	3.0	
709		Pix2	22	26	48		4,041	3,271	3,624		4.9	3.7	4.3	
709		Pix3	9	16	25		6,872	5,531	6,013		7.6	6.6	7.0	
709		Pix4	12	8	20		12,975	11,426	12,356		15.1	10.8	13.4	
710	Reticuloendothelial And Immunity Disorders		326	261	587		4,783	4,855	4,815		4.9	5.1	5.0	
710		Pix1	181	142	323		3,823	3,871	3,844		4.3	4.5	4.4	
710		Pix2	28	24	52		5,546	5,543	5,545		7.0	6.7	6.9	
710		Pix3	90	71	161		5,720	5,235	5,506		5.3	5.1	5.2	
710		Pix4	36	30	66		9,880	12,153	10,913		9.6	9.8	9.7	
725	Major Leukemia And Lymphoma Procedures		163	122	285		8,428	9,817	9,023		6.3	7.9	7.0	
725		Pix1	115	90	205		5,817	7,308	6,472		4.3	5.5	4.8	
725		Pix2	13	14	27		8,395	11,171	9,834		8.8	9.3	9.1	
725		Pix3	13	9	22		14,766	21,572	17,551		15.2	25.0	19.2	
725		Pix4	39	16	55		36,166	39,584	37,160		29.1	31.8	29.9	
726	Acute Leukemia Without Major Procedures		162	172	334		22,103	21,129	21,602		19.6	18.4	19.0	
726		Pix1	35	53	88		7,439	7,013	7,182		6.2	6.7	6.5	
726		Pix2	18	13	31		13,142	15,660	14,198		11.5	19.2	14.7	
726		Pix3	25	25	50		17,854	20,737	19,296		18.1	19.0	18.5	
726		Pix4	82	79	161		32,486	37,481	34,937		27.5	28.2	27.9	
728	Lymphoma And Chronic Leukemia With Other Procedures		110	105	215		10,486	10,506	10,496		10.2	11.0	10.6	
728		Pix1	69	70	139		6,546	6,545	6,545		5.9	7.1	6.5	
728		Pix2	16	12	28		13,711	10,660	12,403		16.3	14.7	15.6	
728		Pix3	11	7	18		12,723	16,822	14,317		14.1	16.7	15.1	
728		Pix4	19	19	38		33,551	40,649	37,100		33.9	33.1	33.5	
730	Lymphoma And Chronic Leukemia		301	314	615		9,145	10,781	9,980		11.6	11.8	11.7	

Schedule 2 -- Inpatient Yearly Comparisons

CHC Code	CHC Description	PK Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
730		Pk1	114	109	223		5,065	5,911	5,478		6.8	7.0	6.9	
730		Pk2	49	49	98		6,867	6,127	6,497		10.3	8.3	9.3	
730		Pk3	46	59	105		8,643	11,484	10,239		10.5	13.3	12.1	
730		Pk4	88	100	188		16,580	18,914	17,822		18.4	19.4	18.9	
733	Major Ill-Defined Neoplasm Procedures		66	68	134		10,800	15,206	13,036		10.5	13.0	11.8	
733		Pk1	40	27	67		7,755	9,604	8,500		6.9	7.8	7.3	
733		Pk2	13	15	28		12,663	12,682	12,673		12.2	11.1	11.6	
733		Pk3	8	10	18		24,237	16,930	20,177		24.6	15.5	19.6	
733		Pk4	9	16	25		36,036	26,026	29,630		40.7	24.4	30.3	
734	Ill-Defined Neoplasm With Other Procedures		56	48	104		8,209	11,365	9,666		8.2	11.4	9.7	
734		Pk1	42	27	69		5,562	6,112	5,777		4.1	5.4	4.6	
734		Pk2	4	5	9		9,123	10,586	9,936		10.8	15.6	13.4	
734		Pk3	2	7	9		14,464	14,297	14,334		16.0	14.9	15.1	
734		Pk4	8	8	16		25,390	26,393	25,891		32.0	23.5	27.8	
735	PWS - Radiation Therapy		120	124	244		10,437	8,845	9,628		13.3	12.7	13.0	
735		Pk1	70	57	127		8,457	6,397	7,532		11.0	9.1	10.1	
735		Pk2	23	33	56		10,634	8,261	9,235		12.5	12.2	12.3	
735		Pk3	13	18	31		16,673	11,953	13,932		20.7	18.7	19.5	
735		Pk4	15	15	30		20,668	15,279	17,973		24.9	19.9	22.4	
736	Chemotherapy		619	578	1,197		4,130	4,212	4,169		3.2	3.4	3.3	
736		Pk1	572	490	1,062		3,970	3,901	3,938		3.1	3.2	3.2	
736		Pk2	20	41	61		5,070	5,340	5,252		3.5	3.8	3.7	
736		Pk3	19	38	57		8,570	6,985	7,514		8.7	6.3	7.1	
736		Pk4	30	19	49		15,897	17,343	16,458		18.3	19.2	18.6	
737	Other Poorly Differentiated Neoplastic Diagnoses		113	85	198		7,698	7,720	7,708		11.3	11.9	11.5	
737		Pk1	50	37	87		4,398	4,939	4,628		7.7	8.5	8.0	
737		Pk2	29	21	50		8,349	8,611	8,459		13.0	12.4	12.7	
737		Pk3	17	14	31		13,583	8,903	11,470		16.9	16.3	16.6	
737		Pk4	17	12	29		11,098	11,244	11,158		13.8	13.7	13.7	
750	Multisystemic Or Unspecified Site Infections With Surgery		318	225	543		18,419	16,116	17,464		14.8	12.6	13.9	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
750	Pix1	141	107	248	6,919	6,949	6,932	7.4	7.9	7.6
750	Pix2	47	25	72	13,326	12,512	13,043	14.2	13.2	13.8
750	Pix3	39	37	76	13,097	14,933	13,991	12.9	14.3	13.6
750	Pix4	109	70	179	54,017	54,989	54,397	38.9	33.2	36.7
751 Septicemia		447	334	781	6,627	5,722	6,240	6.7	5.9	6.4
751	Pix1	184	162	346	3,654	3,645	3,650	5.1	4.8	5.0
751	Pix2	83	57	140	5,047	4,859	4,971	6.7	6.4	6.6
751	Pix3	73	50	123	6,795	5,310	6,191	8.2	5.6	7.2
751	Pix4	121	67	188	15,631	12,662	14,573	10.9	9.1	10.2
756 Post-Operative And Post-Traumatic Infections		289	286	575	3,039	3,490	3,263	4.8	5.3	5.0
756	Pix1	236	205	441	2,728	2,842	2,781	4.5	4.7	4.6
756	Pix2	32	44	76	4,800	5,117	4,984	7.0	7.0	7.0
756	Pix3	18	26	44	4,599	4,414	4,490	6.8	6.3	6.5
756	Pix4	10	19	29	9,379	13,578	12,130	10.7	12.8	12.1
757 Viral Illness		210	255	465	2,586	2,174	2,360	3.1	3.0	3.1
757	Pix1	163	194	357	2,480	1,891	2,160	2.9	2.8	2.8
757	Pix2	19	22	41	2,730	2,418	2,562	3.7	3.5	3.6
757	Pix3	25	31	56	3,035	2,500	2,739	4.3	3.5	3.9
757	Pix4	9	15	24	11,404	12,903	12,341	12.0	12.4	12.3
761 Fever Of Unknown Origin		160	165	325	2,559	2,559	2,559	3.2	3.4	3.3
761	Pix1	134	129	263	2,371	2,385	2,378	2.9	3.3	3.1
761	Pix2	17	20	37	3,503	2,942	3,200	4.2	4.3	4.2
761	Pix3	7	16	23	4,569	5,121	4,953	7.1	6.3	6.5
761	Pix4	6	7	13	8,892	7,923	8,370	13.2	11.1	12.1
763 Other Infectious Diagnoses		75	62	137	4,776	3,927	4,392	5.2	4.9	5.1
763	Pix1	46	38	84	2,947	2,575	2,779	4.1	3.6	3.9
763	Pix2	10	6	16	4,895	6,788	5,605	6.9	8.2	7.4
763	Pix3	9	12	21	5,051	5,343	5,218	4.2	7.1	5.9
763	Pix4	11	10	21	20,570	35,476	27,668	17.4	20.3	18.8
764 Depressive Mood Disorders With ECT		297	212	509	17,418	15,609	16,664	40.7	39.9	40.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Ph Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
764	Pix9	297	212	509		17,418	15,609	16,664		40.7	39.9	40.3	
765 Depressive Mood Disorders Without ECT With Axis III Diagnosis		332	278	610		12,687	10,643	11,755		27.9	26.5	27.3	
765	Pix9	332	278	610		12,687	10,643	11,755		27.9	26.5	27.3	
766 Depressive Mood Disorders Without ECT Without Axis III Diagnosis		901	713	1,614		7,642	7,379	7,526		19.7	19.4	19.6	
766	Pix9	901	713	1,614		7,642	7,379	7,526		19.7	19.4	19.6	
767 Depressive Mood Disorders LOS < 6 Days		259	204	463		1,620	1,383	1,516		3.0	3.0	3.0	
767	Pix9	259	204	463		1,620	1,383	1,516		3.0	3.0	3.0	
768 Bipolar Mood Disorders, Manic With ECT		25	23	48		16,388	15,463	15,945		38.3	33.9	36.2	
768	Pix9	25	23	48		16,388	15,463	15,945		38.3	33.9	36.2	
769 Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		93	61	154		12,039	10,493	11,427		26.3	25.4	25.9	
769	Pix9	93	61	154		12,039	10,493	11,427		26.3	25.4	25.9	
Bipolar Mood Disorders, Manic Without ECT Without Axis III		476	415	891		9,252	8,448	8,877		21.9	21.1	21.5	
770 Diagnosis		476	415	891		9,252	8,448	8,877		21.9	21.1	21.5	
770	Pix9	476	415	891		9,252	8,448	8,877		21.9	21.1	21.5	
771 Bipolar Mood Disorders LOS < 6 Days		82	41	123		1,678	1,321	1,559		3.1	3.0	3.1	
771	Pix9	82	41	123		1,678	1,321	1,559		3.1	3.0	3.1	
772 Dementia With Or Without Delirium With Axis III Diagnosis		250	164	414		23,537	15,641	20,409		45.6	36.7	42.1	
772	Pix9	250	164	414		23,537	15,641	20,409		45.6	36.7	42.1	
773 Dementia With Or Without Delirium Without Axis III Diagnosis		126	100	226		15,747	11,919	14,053		32.8	30.9	31.9	
773	Pix9	126	100	226		15,747	11,919	14,053		32.8	30.9	31.9	
774 Organic Mental Disorders Induced By Drugs		215	107	322		4,758	4,493	4,670		9.5	10.6	9.9	
774	Pix9	215	107	322		4,758	4,493	4,670		9.5	10.6	9.9	
775 Schizophrenia And Other Psychotic Disorders With ECT		24	22	46		25,842	19,676	22,893		56.0	44.8	50.7	
775	Pix9	24	22	46		25,842	19,676	22,893		56.0	44.8	50.7	
Schizophrenia And Other Psychotic Disorders W/0 ECT With Axis III		206	183	389		12,912	13,333	13,110		29.8	30.9	30.3	
776 Diagnosis		206	183	389		12,912	13,333	13,110		29.8	30.9	30.3	
776	Pix9	206	183	389		12,912	13,333	13,110		29.8	30.9	30.3	
Schizophrenia And Other Psychotic Disorders W/0 ECT Or Axis III		970	729	1,699		9,968	9,498	9,767		23.8	24.2	24.0	
777 Diagnosis		970	729	1,699		9,968	9,498	9,767		23.8	24.2	24.0	
777	Pix9	970	729	1,699		9,968	9,498	9,767		23.8	24.2	24.0	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
777		Ptx9	970	729	1,899	9,968	9,498	9,767	23.8	24.2	24.0
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		169	101	270	1,980	1,577	1,829	3.2	3.3	3.2
778		Ptx9	169	101	270	1,980	1,577	1,829	3.2	3.3	3.2
779	Dissociative Disorders		48	41	89	3,643	2,989	3,342	6.2	5.4	5.8
779		Ptx9	48	41	89	3,643	2,989	3,342	6.2	5.4	5.8
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		138	96	234	4,907	6,019	5,363	7.7	9.0	8.2
780		Ptx9	138	96	234	4,907	6,019	5,363	7.7	9.0	8.2
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		139	71	210	2,605	2,525	2,578	4.7	4.6	4.6
781		Ptx9	139	71	210	2,605	2,525	2,578	4.7	4.6	4.6
783	Psychoactive Substance Dependence		277	269	546	3,571	3,603	3,586	7.0	8.0	7.5
783		Ptx9	277	269	546	3,571	3,603	3,586	7.0	8.0	7.5
784	Psychoactive Substance Abuse		137	103	240	2,544	2,268	2,426	4.6	5.6	5.0
784		Ptx9	137	103	240	2,544	2,268	2,426	4.6	5.6	5.0
785	Developmental Delay		47	30	77	20,047	19,543	19,850	31.1	36.0	33.0
785		Ptx9	47	30	77	20,047	19,543	19,850	31.1	36.0	33.0
786	Disruptive Behaviour Disorders		213	116	329	10,350	11,394	10,718	17.3	15.4	16.6
786		Ptx9	213	116	329	10,350	11,394	10,718	17.3	15.4	16.6
787	Eating Disorders		103	79	182	15,417	17,787	16,446	32.3	33.8	32.9
787		Ptx9	103	79	182	15,417	17,787	16,446	32.3	33.8	32.9
Organic Mental Disorders Associated W Physical Disorders W Axis III											
788	Diagnosis		273	228	501	15,488	13,206	14,449	28.1	26.8	27.5
788		Ptx9	273	228	501	15,488	13,206	14,449	28.1	26.8	27.5
Organic Mental Disorders Associated W Physical Disorders W/O Axis											
789	III Diagnosis		186	166	352	11,073	8,988	10,090	22.6	20.9	21.8
789		Ptx9	186	166	352	11,073	8,988	10,090	22.6	20.9	21.8
790	Somatoform Disorders		37	29	66	3,202	3,172	3,189	6.4	6.0	6.2
790		Ptx9	37	29	66	3,202	3,172	3,189	6.4	6.0	6.2
791	Anxiety Disorders (MNRH)		144	91	235	5,104	4,783	4,980	10.0	9.9	9.9
791		Ptx9	144	91	235	5,104	4,783	4,980	10.0	9.9	9.9
792	Adjustment Disorders (MNRH)		1,019	408	1,427	2,693	3,431	2,904	4.7	8.2	5.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Phx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2001/2002	2003/2001	Blended	2001/2002	2003/2001	Blended	2001/2002	2003/2001	Blended
792	Plx9	1,019	408	1,427	2,693	3,431	2,904	4.7	8.2	5.7
793 Personality Disorders With Axis III Diagnosis (MNRH)		38	17	55	8,380	6,008	7,647	16.4	12.4	15.1
793	Plx9	38	17	55	8,380	6,008	7,647	16.4	12.4	15.1
794 Personality Disorders Without Axis III Diagnosis (MNRH)		130	70	200	3,916	3,595	3,804	8.3	8.4	8.3
794	Plx9	130	70	200	3,916	3,595	3,804	8.3	8.4	8.3
795 Sexual Dysfunction And Sexual Disorders (MNRH)		5	3	8	4,692	5,644	5,049	7.4	21.0	12.5
795	Plx9	5	3	8	4,692	5,644	5,049	7.4	21.0	12.5
796 Specific Developmental Disorders (MNRH)		8	4	12	9,087	5,102	7,759	19.8	6.0	15.2
796	Plx9	8	4	12	9,087	5,102	7,759	19.8	6.0	15.2
797 Miscellaneous Psychiatric Diagnoses (MNRH)		29	21	50	3,061	9,296	5,679	6.4	14.3	9.8
797	Plx9	29	21	50	3,061	9,296	5,679	6.4	14.3	9.8
803 Extensive Procedures For Injury Or Complication Of Treatment		317	210	527	13,054	15,508	14,032	10.1	11.5	10.7
803	Plx1	149	108	257	9,856	10,951	10,316	7.7	8.3	7.9
803	Plx2	66	40	106	12,544	15,952	13,830	11.2	10.5	11.0
803	Plx3	49	26	75	12,828	16,885	14,234	9.9	13.7	11.2
803	Plx4	68	43	111	32,828	49,397	39,246	27.4	32.4	29.4
804 Non-Extensive Procedures For Injury Or Complication Of Treatment		641	410	1,051	5,253	5,901	5,506	4.1	4.8	4.4
804	Plx1	493	296	789	3,904	4,143	3,994	3.0	3.2	3.0
804	Plx2	64	48	112	7,618	8,623	8,049	6.9	7.0	6.9
804	Plx3	41	34	75	10,361	9,410	9,930	8.7	8.6	8.7
804	Plx4	66	38	104	25,086	29,058	26,537	19.7	23.9	21.2
805 MNRH Procedures For Injury Or Complication Of Treatment		58	52	110	2,387	2,448	2,416	2.0	2.1	2.0
805	Plx1	52	48	100	2,292	2,255	2,274	1.9	1.9	1.9
805	Plx2	3	4	7	2,427	4,764	3,762	1.3	3.8	2.7
805	Plx3	2	1	5	5,129	8,843	5,495	5.0	8.0	6.0
805	Plx4	3	1	5	22,012	24,466	23,697	12.7	20.0	14.5
811 Allergic Reaction		36	41	77	1,873	1,622	1,740	1.6	1.8	1.7
811	Plx1	34	36	70	1,666	1,465	1,563	1.5	1.8	1.6
811	Plx2	2	3	5	6,910	3,272	4,727	8.0	3.3	5.2

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases					Average Cost					Average LOS of Costed Cases				
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
811		Plx3		1	5			617	8,491					1.0	1.0	1.0	1.0
811		Plx4	3	4	7			21,053	14,360			13.3	10.8	11.9			
813 Drug Reactions			683	600	1,283			2,430	2,186			2.4	2.3	2.3			
813		Plx1	525	468	993			1,953	1,731			2.2	2.1	2.1			
813		Plx2	68	35	103			3,284	2,807			4.6	3.5	4.3			
813		Plx3	90	78	168			4,392	4,661			4.8	3.8	4.3			
813		Plx4	61	54	115			11,337	9,325			8.1	6.9	7.5			
818 Complications Of Treatment			964	803	1,767			3,591	3,577			4.0	4.3	4.1			
818		Plx1	724	564	1,288			2,746	2,650			3.3	3.3	3.3			
818		Plx2	105	100	205			4,097	4,853			4.9	5.8	5.3			
818		Plx3	86	93	179			7,334	6,222			8.0	7.2	7.6			
818		Plx4	66	64	130			12,857	12,884			12.0	12.9	12.4			
823 Minor Injuries And Trauma Diagnosis			148	132	280			3,346	2,332			2.3	1.9	2.2			
823		Plx1	120	115	235			2,311	1,830			2.1	1.8	1.9			
823		Plx2	12	4	16			6,735	2,285			7.2	4.0	6.4			
823		Plx3	9	7	16			8,711	4,254			5.1	2.1	3.8			
823		Plx4	17	9	26			11,668	14,564			4.9	5.9	5.3			
PWS - Extensive Burns With Skin Graft, Wound Debridement Or Other																	
830 Burn Procedures			30	15	45			91,351	88,174			37.1	45.7	39.9			
830		Plx1	6	3	9			25,147	25,106			18.2	21.7	19.3			
830		Plx2	5	1	6			23,156	84,247			16.6	44.0	21.2			
830		Plx3	4	2	6			79,856	32,340			44.8	21.5	37.0			
830		Plx4	14	9	23			143,941	122,040			47.9	59.2	52.3			
831 Extensive Burns Without Burn Procedures			4	2	6			2,090	1,592			1.0	2.5	1.5			
831		Plx1	3	2	5			2,354	1,592			1.0	2.5	1.6			
831		Plx2	1		1			1,299	1,299			1.0		1.0			
831		Plx3															
831		Plx4															
832 PWS - Non-Extensive Burns With Skin Graft			107	112	219			16,509	15,065			13.5	12.3	12.9			
832		Plx1	80	92	172			11,743	10,889			10.5	10.0	10.2			
832		Plx2	12	6	18			23,087	24,712			17.4	24.3	19.7			

Schedule 2 -- Inpatient Yearly Comparisons

ICD-10 Code Description	Plr Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
832	Plx3	8	5	13		32,448	31,944	32,254		24.3	20.4	22.8	
832	Plx4	7	11	18		49,506	53,065	51,681		29.7	28.9	29.2	
Non-Extensive Burns With Wound Debridement Or Other Burn													
833	Plx3	12	11	23		8,231	8,099	8,168		9.2	11.6	10.3	
833	Plx4	10	9	19		6,110	7,796	6,909		6.8	12.0	9.3	
833	Plx2	2	1	4		18,835	14,402	14,601		21.0	14.0	18.7	
833	Plx3												
833	Plx4	1	1	2		4,522	24,235			6.0	6.0	6.0	
834 Non-Extensive Burns Without Burn Procedures													
834	Plx1	96	84	180		4,455	3,600	4,056		4.7	4.4	4.5	
834	Plx2	81	79	160		3,641	3,463	3,553		4.2	4.2	4.2	
834	Plx3	7	3	10		4,509	5,469	4,797		7.3	7.7	7.4	
834	Plx4	4	2	6		5,788	6,207	5,928		6.5	7.0	6.7	
834	Plx4	4	1	5		20,796	61,071	28,851		13.3	61.0	22.8	
840 Other Admissions With Surgery													
840	Plx1	286	256	542		34,291	34,801	34,532		41.7	54.6	47.8	
840	Plx2	132	87	219		8,299	9,267	8,683		9.2	12.9	10.7	
840	Plx3	29	53	82		38,609	25,257	29,979		51.4	58.3	55.8	
840	Plx4	32	29	61		40,382	32,905	36,828		56.6	64.5	60.3	
840	Plx4	91	82	173		74,632	75,264	74,931		87.8	97.1	92.2	
841 Rehabilitation													
841	Plx1	1,681	1,848	3,529		18,694	19,314	19,019		35.9	36.9	36.4	
841	Plx2	952	774	1,726		15,464	14,970	15,242		30.4	29.0	29.8	
841	Plx3	342	464	806		22,173	19,752	20,779		41.2	38.6	39.7	
841	Plx4	218	318	536		22,457	23,033	22,799		43.8	44.9	44.5	
841	Plx4	180	312	492		29,320	29,018	29,128		53.6	52.0	52.6	
842 Signs And Symptoms													
842	Plx1	202	136	338		4,194	3,175	3,784		7.2	5.7	6.6	
842	Plx2	132	102	234		3,175	2,823	3,022		5.5	5.0	5.3	
842	Plx3	41	21	62		6,541	4,247	5,764		11.5	9.4	10.8	
842	Plx4	24	13	37		5,640	6,259	5,857		9.5	11.5	10.2	
842	Plx4	10	3	13		17,819	6,189	15,136		26.5	8.7	22.4	
846 Aftercare Following Surgery Or Treatment													
846	Plx1	1,397	989	2,386		1,387	1,315	1,357		1.6	1.5	1.5	
846	Plx2	1,355	972	2,327		1,350	1,296	1,327		1.5	1.5	1.5	
846	Plx2	35	13	48		3,362	1,969	2,985		3.1	1.9	2.8	

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	CMG Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
846	Pix3		12	7	19		8,163	8,301	8,214		13.9	11.0	12.8	
846	Pix4		4	4	8		11,061	9,088	10,074		10.5	9.5	10.0	
847	Other Specified Aftercare		517	296	813		9,680	5,629	8,205		13.3	10.0	12.1	
847	Pix1		432	209	641		9,703	4,589	8,035		13.2	8.1	11.5	
847	Pix2		37	44	81		8,387	7,021	7,645		13.6	12.6	13.1	
847	Pix3		30	25	55		10,859	10,245	10,580		16.8	19.4	17.9	
847	Pix4		21	18	39		17,103	7,887	12,849		20.5	13.5	17.3	
849	Multiple Or Unspecified Congenital Anomalies		2	3	5		60,277	1,893	25,246		22.0	1.3	9.6	
849	Pix1			1	5			1,004	2,392			1.0	1.0	
849	Pix2			2	2			2,337	2,337			1.5	1.5	
849	Pix3		1		2		9,730		11,765		8.0		8.0	
849	Pix4		1		3		110,823		69,303		36.0		36.0	
850	Perinatal Conditions Age > 28 Days		71	47	118		22,529	15,656	19,791		20.0	19.9	19.9	
850	Pix1		40	31	71		14,077	13,888	13,995		16.9	18.1	17.4	
850	Pix2		11	9	20		18,874	12,417	15,968		19.1	15.1	17.3	
850	Pix3		6	5	11		31,729	28,454	30,240		32.8	37.8	35.1	
850	Pix4		15	2	17		50,887	25,639	47,917		27.7	24.5	27.3	
851	Other Factors Causing Hospitalization		195	186	381		3,338	3,684	3,507		6.0	7.9	6.9	
851	Pix1		178	147	325		3,058	2,973	3,020		5.4	6.9	6.1	
851	Pix2		6	26	32		6,433	7,241	7,089		12.7	12.0	12.1	
851	Pix3		6	9	15		6,576	4,286	5,202		15.5	14.4	14.9	
851	Pix4		6	6	12		9,281	7,498	8,390		14.3	22.3	18.3	
852	Procedures Cancelled (MNRH)		470	315	785		665	626	650		1.0	1.0	1.0	
852	Pix1		444	308	752		642	627	636		1.0	1.0	1.0	
852	Pix2		21	6	27		926	536	839		1.0	1.0	1.0	
852	Pix3		4	1	5		1,178	921	1,126		1.0	1.0	1.0	
852	Pix4		2		5		2,633		1,473		1.5		1.5	
860	Respiratory Tract Disorders With HIV		29	22	51		5,771	14,665	9,608		7.8	10.6	9.0	
860	Pix9		29	22	51		5,771	14,665	9,608		7.8	10.6	9.0	
861	CNS Infection With HIV		2	6	8		9,547	3,455	4,978		12.5	4.7	6.6	

Schedule 2 -- Inpatient Yearly Comparisons

CMC Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
861		Pix9	2	6	8	9,547	3,455	4,978	12.5	4.7	6.6
862	GI And Hepatobiliary Disorders With HIV		11	5	16	3,613	6,888	4,636	6.0	11.0	7.6
862		Pix9	11	5	16	3,613	6,888	4,636	6.0	11.0	7.6
863	Ophthalmic Disorders With HIV		3	1	5	13,886	9,110	18,612	15.7	19.0	16.5
863		Pix9	3	1	5	13,886	9,110	11,305	15.7	19.0	16.5
864	Blood Infections With HIV										
864		Pix9		1	5		1,826	2,374		1.0	1.0
864		Pix9		1	5		1,826	2,374		1.0	1.0
865	Lymphoma With HIV		2	4	6	31,914	15,566	21,016	41.0	13.8	22.8
865		Pix9	2	4	6	31,914	15,566	21,016	41.0	13.8	22.8
866	Psychosocial Conditions With HIV		1	10	11	19,093	6,004	7,194	21.0	9.6	10.6
866		Pix9	1	10	11	19,093	6,004	7,194	21.0	9.6	10.6
867	Other Conditions Associated With HIV		2	2	5	8,145	7,662	7,090	11.0	13.0	12.0
867		Pix9	2	2	5	8,145	7,662	6,835	11.0	13.0	12.0
868	Miscellaneous Conditions With HIV		10	21	31	4,895	4,325	4,509	7.1	5.2	5.8
868		Pix9	10	21	31	4,895	4,325	4,509	7.1	5.2	5.8
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		22	10	32	31,237	26,454	29,742	36.2	38.5	36.9
880		Pix1	3	1	5	12,223	23,265	15,603	13.7	60.0	25.3
880		Pix2	3	2	5	27,373	31,886	29,178	28.3	43.0	34.2
880		Pix3	3	2	5	29,379	26,211	28,112	33.7	31.0	32.6
880		Pix4	13	5	18	36,945	25,016	33,632	43.8	35.4	41.4
881	Amputation Of Lower Limb Except Toe		181	77	258	17,739	17,138	17,559	21.4	20.5	21.1
881		Pix1	62	24	86	11,164	11,034	11,138	14.7	15.3	14.9
881		Pix2	39	15	54	11,352	10,417	11,093	13.7	12.5	13.4
881		Pix3	28	9	37	22,839	11,058	19,973	28.6	14.9	25.2
881		Pix4	55	30	85	31,441	31,414	31,432	38.0	37.4	37.8
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		33	17	50	20,744	20,887	20,793	19.1	20.0	19.4
882		Pix1	10	2	12	10,576	17,880	11,793	10.2	18.0	11.5
882		Pix2	5	2	7	8,639	14,181	10,222	7.8	19.0	11.0
882		Pix3	6	4	10	17,071	20,363	18,388	16.0	21.5	18.2

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
882		Pix4	11	8	19	35,291	23,129	31,907	37.5	18.3	29.4
883	Wound Debridement And Grafting Other Than Hand		81	66	147	12,546	12,419	12,489	16.5	17.9	17.1
883		Pix1	28	17	45	7,184	7,731	7,391	9.6	13.4	11.0
883		Pix2	18	26	44	9,178	9,654	9,459	12.8	14.5	13.8
883		Pix3	18	12	30	15,187	15,256	15,215	21.4	21.8	21.6
883		Pix4	15	13	28	20,451	33,241	26,389	23.5	41.4	31.8
884	Other Amputations Including Toe		42	15	57	6,318	7,549	6,642	8.1	10.1	8.6
884		Pix1	28	8	36	4,001	4,713	4,159	5.6	6.3	5.8
884		Pix2	4	2	6	14,946	4,272	11,388	14.3	7.0	11.8
884		Pix3	6	5	11	5,104	14,822	9,521	6.0	24.0	14.2
884		Pix4	3	1	5	13,840	15,238	19,883	16.7	16.0	15.5
885	PWS - Aortic Replacement		293	132	425	15,950	15,444	15,793	10.8	11.4	11.0
885		Pix1	95	34	129	10,741	8,657	10,192	8.2	6.9	7.9
885		Pix2	44	23	67	12,291	9,930	11,481	9.0	8.7	8.9
885		Pix3	46	19	65	14,195	15,726	14,642	10.3	14.5	11.5
885		Pix4	113	48	161	25,110	24,678	24,981	15.5	14.8	15.3
887	Vascular Bypass Surgery		351	97	448	11,575	11,204	11,495	8.2	9.2	8.4
887		Pix1	201	46	247	7,946	6,644	7,704	6.3	6.0	6.2
887		Pix2	45	19	64	11,851	11,373	11,709	9.1	11.3	9.7
887		Pix3	47	22	69	12,458	14,539	13,122	9.0	14.6	10.8
887		Pix4	64	16	80	26,830	25,758	26,616	16.6	16.4	16.5
890	Other Thoraco-Abdominal Procedures		53	36	89	13,221	13,109	13,176	9.6	10.8	10.1
890		Pix1	21	15	36	7,333	6,630	7,040	6.3	6.9	6.6
890		Pix2	3	5	8	20,252	4,788	10,587	9.7	5.0	6.8
890		Pix3	13	5	18	12,853	15,993	13,725	10.1	16.6	11.9
890		Pix4	15	10	25	18,985	25,886	21,745	12.9	15.5	14.0
891	Vascular Repair		177	104	281	10,822	10,906	10,853	6.5	9.0	7.4
891		Pix1	101	55	156	8,516	9,029	8,697	5.1	7.1	5.8
891		Pix2	33	22	55	8,922	9,271	9,062	6.3	9.0	7.4
891		Pix3	25	15	40	15,582	13,442	14,780	9.3	10.7	9.8

Schedule 2 -- Inpatient Yearly Comparisons

CMC Code Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
891	Plx4	20	11	31	23,155	22,358	22,872	12.8	17.4	14.4			
892 Other Vascular Procedures		49	38	87	6,061	6,929	6,440	4.0	5.1	4.5			
892	Plx1	36	24	60	5,637	6,294	5,899	3.5	4.1	3.8			
892	Plx2	7	5	12	8,009	7,726	7,891	5.3	5.6	5.4			
892	Plx3	4	3	7	7,854	8,507	8,134	5.5	7.0	6.1			
892	Plx4	1	4	5	4,809	7,404	6,885	4.0	4.3	4.2			
893 Vein Ligation And Stripping (MNRH)		26	35	61	1,841	1,579	1,691	1.0	1.0	1.0			
893	Plx1	26	35	61	1,841	1,579	1,691	1.0	1.0	1.0			
893	Plx2			3			1,749						
893	Plx3												
893	Plx4												
895 Deep Vein Thrombophlebitis		273	244	517	3,896	3,929	3,912	6.4	6.5	6.5			
895	Plx1	177	148	325	3,332	3,208	3,275	5.8	5.7	5.8			
895	Plx2	65	64	129	3,873	4,179	4,025	6.5	6.9	6.7			
895	Plx3	26	22	48	5,959	6,626	6,264	9.8	9.8	9.8			
895	Plx4	9	11	20	19,018	9,225	13,632	17.1	12.2	14.4			
898 Peripheral Vascular Disease		230	182	412	4,108	3,580	3,875	5.4	5.1	5.3			
898	Plx1	152	137	289	3,368	3,153	3,266	4.6	4.6	4.6			
898	Plx2	48	28	76	6,117	4,034	5,349	8.2	6.3	7.5			
898	Plx3	22	12	34	6,346	6,094	6,257	9.4	10.8	9.9			
898	Plx4	15	8	23	9,712	9,818	9,749	11.7	11.8	11.7			
900 Extensive Unrelated O.R. Procedures		216	138	354	22,676	25,238	23,674	18.6	23.1	20.4			
900	Plx1	67	34	101	12,229	10,723	11,722	8.3	8.7	8.4			
900	Plx2	26	16	42	13,768	18,426	15,542	12.7	15.3	13.7			
900	Plx3	26	31	57	22,574	21,264	21,861	25.4	23.2	24.2			
900	Plx4	100	55	155	35,840	44,218	38,812	29.5	35.5	31.6			
901 Non-Extensive Unrelated O.R. Procedures		460	310	770	16,250	16,093	16,187	13.2	15.6	14.2			
901	Plx1	226	152	378	6,425	6,848	6,595	5.8	5.9	5.8			
901	Plx2	62	41	103	12,942	15,854	14,101	14.1	18.9	16.0			
901	Plx3	53	39	92	15,972	14,875	15,507	17.5	21.2	19.0			

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended		2001/2002	2000/2001	Blended	
901		Pix4	125	77	202		45,048	48,070	46,200		32.1	35.8	33.5	
902	Post-Operative Complications With Unrelated O.R. Procedures		105	47	152		12,110	10,025	11,465		9.1	5.7	8.1	
902		Pix1	46	34	80		6,468	4,425	5,600		4.4	2.9	3.8	
902		Pix2	17	4	21		12,143	9,921	11,720		7.9	6.0	7.5	
902		Pix3	12	3	15		12,895	10,344	12,385		10.7	13.3	11.2	
902		Pix4	30	7	37		20,936	40,438	24,625		16.9	22.1	17.9	
906	Unrelated O.R. Procedures (MNRH)		88	64	152		9,601	7,345	8,651		11.0	9.2	10.3	
906		Pix1	53	46	99		6,142	5,388	5,791		7.5	6.7	7.1	
906		Pix2	11	8	19		7,793	9,292	8,424		9.6	11.4	10.4	
906		Pix3	15	6	21		14,023	12,908	13,704		16.9	18.5	17.4	
906		Pix4	9	3	12		33,492	15,177	28,913		37.4	11.7	31.0	
908	Other Major Procedures For Gynecological Malignancy		3	3	6		7,447	6,461	6,954		7.3	7.0	7.2	
908		Pix1	2	2	5		4,849	4,393	4,464		4.5	4.0	4.3	
908		Pix2			2				5,701					
908		Pix3			1				38,841					
908		Pix4												
909	Obsolete Psychiatric Diagnoses (MNRH)		204	156	360		3,734	3,542	3,650		8.7	9.3	9.0	
909		Pix9	204	156	360		3,734	3,542	3,650		8.7	9.3	9.0	
910	Diagnosis Not Generally Hospitalized		58	211	269		8,268	2,284	3,574		1.8	1.4	1.5	
910		Pix9	58	211	269		8,268	2,284	3,574		1.8	1.4	1.5	
912	Obstetric Codes Invalid As Most Responsible Diagnosis		3	1	5		1,872	4,642	2,300		3.0	4.0	3.3	
912		Pix9	3	1	5		1,872	4,642	2,300		3.0	4.0	3.3	
997	Stillbirths		1		5		136		1,309					
997		Pix9	1		5		136		1,549					
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		4	6	10		3,584	2,888	3,167		3.0	3.0	3.0	
998		Pix9	4	6	10		3,584	2,888	3,167		3.0	3.0	3.0	
999	Ungroupable Data		13	12	25		1,706	1,774	1,738		1.7	1.7	1.7	
999		Pix9	13	12	25		1,706	1,774	1,738		1.7	1.7	1.7	

Schedule 3 -- Inpatient Statistical Background

2001/2002									
CMG Code Description	Complexity Level	SWRV	Activity	Costed Cases	Blended		Coefficient of Variation	Standard Deviation	Trim Point
					Average Cost				
001 PWS - Craniotomy Procedures									
001	Pix1	2.280161	1,087	1001	14,042	0.74	10,389	28	
		1.680220	731	700	10,904	0.56	6,055	21	
001	Pix2	2.240982	125	118	14,360	0.56	8,098	31	
001	Pix3	3.116125	84	76	19,987	0.59	11,887	45	
001	Pix4	6.070081	147	135	39,270	0.60	23,647	71	
003 PWS - Spinal Procedures									
		1.499705	192	171	9,173	0.66	6,039	20	
003	Pix1	1.178506	159	144	7,525	0.60	4,543	14	
003	Pix2	2.271484	12	11	14,778	0.46	6,775	29	
003	Pix3	2.705879	8	6	17,825	0.50	8,936	41	
003	Pix4	6.319159	13	12	37,225	1.14	42,435	75	
004 PWS - Extracranial Vascular Procedures									
		1.069807	437	391	5,840	0.45	2,642	11	
004	Pix1	0.869812	363	325	5,086	0.34	1,711	8	
004	Pix2	1.348298	28	22	7,450	0.40	2,996	20	
004	Pix3	1.837865	33	28	11,372	0.62	7,075	32	
004	Pix4	2.754157	13	12	15,675	0.60	9,461	39	
005 PWS - Ventricular Shunt Revision									
		0.897932	126	113	5,651	0.65	3,671	10	
005	Pix1	0.759422	116	100	5,057	0.40	2,013	7	
	Pix2	1.104314	4	4	7,416	0.44	3,268	11	
005	Pix3	1.210679	3	3	8,261	0.48	3,927	11	
005	Pix4	3.601505	3	2	24,621	0.68	16,802	23	
006 Carpal Tunnel Release And Specified Nervous System Procedures									
		0.914177	105	60	5,413	0.75	4,065	13	
006	Pix1	0.777951	92	52	4,897	0.72	3,512	9	
006	Pix2	0.929024	2	1	5,824	0.57	3,295	16	
006	Pix3	2.115755	4	4	14,607	0.87	12,687	25	
006	Pix4	5.617457	7	6	35,852	1.18	42,471	136	
007 Peripheral, Cranial Nerve And Other Neurological Procedures									
		1.258786	66	46	7,226	1.18	8,537	32	
007	Pix1	0.872540	46	35	5,355	0.54	2,902	16	
007	Pix2	1.634745	10	7	10,107	0.79	8,023	51	
007	Pix3	2.144810	7	2	12,851	0.65	8,350	39	
007	Pix4	7.538262	3	2	45,939	0.72	33,261	170	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Completeness Level	2001/2002				Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Cost				
010	Neoplasm Of Nervous System		1.177988	500	235	6,782	0.92	6,226	39	
010		P1x1	0.857658	321	148	5,284	0.93	4,910	32	
010		P1x2	1.368622	98	40	8,283	0.84	6,968	42	
010		P1x3	1.453552	50	25	8,890	0.79	7,047	52	
010		P1x4	2.011564	31	20	12,142	0.68	8,224	68	
011	Degenerative Nervous Disorders		1.919640	438	179	9,565	1.22	11,622	76	
011		P1x1	1.269603	319	116	6,981	1.02	7,114	60	
011		P1x2	2.221482	55	22	12,026	1.01	12,175	106	
011		P1x3	2.421485	37	24	13,305	0.91	12,172	126	
011		P1x4	5.005179	27	19	27,454	0.97	26,552	187	
012	Multiple Sclerosis And Cerebellar Disorders		0.969841	248	108	5,560	1.04	5,782	31	
012		P1x1	0.673530	206	88	4,151	0.97	4,027	26	
012		P1x2	1.956281	23	16	11,621	0.78	9,114	75	
012		P1x3	2.624941	11	6	15,473	0.91	14,083	109	
012		P1x4	4.872237	8	4	28,926	0.91	26,218	79	
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1.357436	2,726	1,574	7,654	0.97	7,432	45	
013		P1x1	0.857869	1,727	894	5,213	0.78	4,041	30	
013		P1x2	1.646672	413	275	9,650	0.99	9,559	59	
013		P1x3	1.751095	353	245	10,490	0.82	8,633	65	
013		P1x4	2.953865	233	179	18,162	0.86	15,556	100	
014	Transient Ischemic Attacks And Precerebral Occlusions		0.893803	1,149	454	3,958	0.82	3,226	17	
014		P1x1	0.543154	952	353	3,268	0.74	2,406	14	
014		P1x2	0.928996	119	63	5,634	0.68	3,849	30	
014		P1x3	1.399929	53	38	8,660	0.74	6,375	46	
014		P1x4	2.456704	25	15	14,735	0.71	10,427	78	
015	Nonspecific Cerebrovascular Disorders		1.346144	125	69	7,526	1.17	8,809	38	
015		P1x1	0.892889	84	40	5,430	0.92	5,008	29	
015		P1x2	1.019840	19	13	5,725	0.77	4,418	44	
015		P1x3	1.187197	10	8	6,881	0.98	6,724	49	
015		P1x4	4.522446	12	8	28,582	0.80	22,956	86	

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWR	Activity	Costed Cases	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
					Average	Cost			
017 Cranial And Peripheral Nerve Diseases		0.967876	394	166	5,434		0.93	5,029	29
017	Pix1	0.704421	303	125	4,249		0.85	3,591	23
017	Pix2	1.342841	52	21	7,991		0.83	6,644	43
017	Pix3	1.579427	23	14	9,599		0.79	7,590	71
017	Pix4	4.037774	16	8	24,586		0.79	19,480	102
018 Viral Meningitis		0.370251	182	96	2,065		0.71	1,456	8
018	Pix1	0.334763	171	91	1,987		0.66	1,313	8
018	Pix2	1.188991	6	4	7,309		0.68	4,965	22
018	Pix3	0.436092	4	2	2,848		0.66	1,868	17
018	Pix4	0.783296	1	1	4,838		0.88	4,255	25
019 Infection Except Viral Meningitis		1.504473	249	130	8,795		0.92	8,058	28
019	Pix1	0.949600	163	78	5,974		0.76	4,559	24
019	Pix2	1.580717	32	18	9,908		0.73	7,253	35
019	Pix3	2.082169	23	17	12,776		0.72	9,181	46
019	Pix4	3.485869	31	28	22,082		0.82	18,096	55
020 Hypertensive Encephalopathy		1.107308	13	4	6,512		0.83	5,405	23
020	Pix1	0.974734	5	1	5,585		0.84	4,672	15
020	Pix2	0.847388	6	2	4,582		0.66	3,019	25
020	Pix3								13
020	Pix4	1.798625	2	1	11,508		0.10	1,141	12
021 Non-Traumatic Stupor And Coma		0.725624	173	81	4,093		0.95	3,902	19
021	Pix1	0.519026	118	54	3,156		0.95	2,992	16
021	Pix2	1.280024	25	12	8,023		0.91	7,289	34
021	Pix3	1.143688	16	13	6,863		0.81	5,593	35
021	Pix4	1.059013	14	8	5,831		0.77	5,281	27
022 Seizure And Headache		0.471183	2,391	904	2,692		0.87	2,334	10
022	Pix1	0.403551	2,103	754	2,463		0.82	2,019	10
022	Pix2	0.552879	158	79	3,338		0.75	2,518	14
022	Pix3	0.722972	91	61	4,318		0.74	3,177	17
022	Pix4	2.186979	39	30	13,190		1.32	17,455	42

Schedule 3 -- Inpatient Statistical Background

2001/2002										
CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	Blended		Coefficient of Variation	Standard Deviation	Time Point
						Average Cost				
028	Other Nervous System Diagnoses		0.990863	507	264	5,590	1.08	6,041	26	
028		P1x1	0.607620	366	180	3,692	1.02	3,784	23	
028		P1x2	0.869577	50	21	5,321	0.80	4,258	28	
028		P1x3	1.473894	40	25	8,723	0.64	5,615	35	
028		P1x4	2.749288	51	39	16,510	0.72	11,888	51	
040	Tracheostomy And Gastrostomy Procedures		11.969365	296	244	69,812	0.90	62,754	151	
040		P1x1	3.631239	34	24	21,941	0.67	14,785	106	
040		P1x2	5.744195	8	5	31,905	0.35	11,036	122	
040		P1x3	4.806149	35	25	28,672	0.47	13,580	143	
040		P1x4	13.741682	219	190	85,774	0.77	65,731	158	
050	Orbital Procedures		0.342875	764	616	1,696	0.34	574	1	
050		P1x1	0.324518	748	615	1,696	0.34	574	1	
050		P1x2	0.647709	12	10	3,468	0.43	1,490	8	
050		P1x3	0.747536	2	1	3,905	0.39	1,528	11	
050		P1x4	4.832341	2	1	26,531	0.00	0	42	
051	Other Intraocular Procedures		0.467343	135	111	2,257	0.54	1,217	4	
051		P1x1	0.425111	130	107	2,216	0.54	1,204	4	
051		P1x2	0.806726	4	4	4,472	0.74	3,321	10	
051		P1x3	0.619019	1	1	3,201	0.28	911	3	
051		P1x4							3	
052	Retinal Procedures		0.426544	754	607	2,017	0.35	705	1	
052		P1x1	0.386626	752	607	2,016	0.35	706	1	
052		P1x2	1.026839	1	1	5,377	0.77	4,118	16	
052		P1x3	1.422525	1	1	7,753	1.19	9,218	15	
052		P1x4	0.690845			3,685	0.49	1,822	4	
053	Iris And Lens Procedures		0.371149	14	13	1,786	0.64	1,141	4	
053		P1x1	0.345268	14	13	1,786	0.64	1,141	4	
053		P1x2								
053		P1x3								2
053		P1x4								

Schedule 3 -- Inpatient Statistical Background

CHG Code	Description	Complexity Level	2001/2002				Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Active Cases	Costed Cases	Cost				
054	Extracocular Procedures		0.358248	49	29	1,922	0.41	797	4	
054		Pix1	0.334427	46	29	1,922	0.41	797	4	
054		Pix2	0.513632	1		2,829	0.37	1,050	5	
054		Pix3	1.835511	2	2	11,782	0.66	7,738	14	
054		Pix4							56	
055	Lens Insertion (MNRH)		0.514467	202	174	2,486	0.38	948	1	
055		Pix1	0.474528	199	172	2,496	0.38	944	1	
055		Pix2	0.658041	3	3	3,569	0.80	2,846	7	
055		Pix3							1	
055		Pix4	1.175562			7,143	0.00	0	2	
057	Other Ophthalmic Procedures (MNRH)		0.284498	105	75	1,394	0.41	573	1	
057		Pix1	0.256879	100	75	1,382	0.41	561	1	
057		Pix2	0.723815	4	2	4,760	0.83	3,932	11	
057		Pix3	1.204949	1		7,321	0.00	0	2	
057		Pix4	2.750859			15,491	1.16	18,027	18	
060	Major Eye Infections		0.497238	81	28	2,565	0.78	1,990	11	
060		Pix1	0.458889	69	27	2,525	0.79	1,995	11	
060		Pix2	0.751700	7	1	4,465	0.45	2,019	12	
060		Pix3	1.643081	4	1	8,633	1.37	11,821	65	
060		Pix4	1.273211	1		6,792	0.45	3,028	10	
062	HypHEMA		0.462293	18	4	2,251	0.62	1,396	10	
062		Pix1	0.399169	18	4	2,070	0.66	1,375	9	
062		Pix2							3	
062		Pix3	0.595248			3,695	0.00	0	5	
062		Pix4								
063	Other Ophthalmic Diagnoses (MNRH)		0.504702	197	109	2,928	1.12	3,288	13	
063		Pix1	0.401023	180	95	2,475	0.93	2,304	10	
063		Pix2	0.801305	11	8	4,712	0.80	3,761	14	
063		Pix3	0.324070	5	2	1,900	0.54	1,030	9	
063		Pix4	2.695660	1	1	16,585	0.74	12,263	33	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient	Standard Deviation	Tlm Point
					Costed Cases	Average Cost			
075	PWS - Radical Laryngectomy And Glossectomy		4,900368	32	31	29,590	0.65	19,279	52
075		Plk1	3,292066	13	12	21,215	0.24	5,169	38
075		Plk2	4,612253	9	9	30,071	0.53	15,851	43
075		Plk3	4,018897	3	3	26,794	0.24	6,401	36
075		Plk4	8,848512	7	7	57,992	0.77	44,565	107
076	PWS - Major Head And Neck Procedures		3,251759	180	162	19,174	0.84	16,160	42
076		Plk1	1,997418	118	108	12,470	0.88	10,930	29
076		Plk2	4,557750	14	13	29,830	0.62	18,496	46
076		Plk3	4,152864	24	23	26,681	0.46	12,275	48
076		Plk4	7,657749	24	20	49,264	0.51	24,968	67
077	Less Extensive Head And Neck Procedures		0,493819	233	162	2,611	0.72	1,867	4
077		Plk1	0,451068	213	153	2,579	0.73	1,893	4
077		Plk2	1,235755	16	14	7,463	0.87	6,493	18
077		Plk3	1,909334	1	1	10,651	1.18	12,563	33
077		Plk4	4,189673	3	3	26,589	0.75	19,935	54
078	Cleft Lip And Palate Repair		0,610937	161	128	3,768	0.32	1,196	2
078		Plk1	0,575222	157	125	3,740	0.31	1,176	2
078		Plk2	0,850006	2	2	5,520	0.27	1,468	6
078		Plk3	0,857721	1	1	4,874	0.29	1,425	3
078		Plk4	0,570278	1	1	4,286	0.00	0	2
081	Salivary Gland Procedures		0,640224	171	119	3,327	0.36	1,182	4
081		Plk1	0,579453	162	113	3,238	0.34	1,096	4
081		Plk2	0,974689	7	6	5,453	0.27	1,461	6
081		Plk3	1,058756	2	2	5,993	0.35	2,110	19
081		Plk4	2,543416			15,454	0.00	0	14
082	Minor Ear, Nose And Throat Procedures		0,450148	31	14	2,393	0.80	1,915	6
082		Plk1	0,293897	28	14	1,726	0.54	936	4
082		Plk2	0,807528	2	1	4,966	0.84	4,173	18
082		Plk3	0,442519	1		2,352	0.00	0	7
082		Plk4	6,289974			38,218	0.00	0	10

Schedule 3 -- Inpatient Statistical Background

CIC Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
083	Reconstructive ENT Procedures		1.008055	401	381	4,977	0.42	2,112	5
083		Pix1	0.906657	386	368	4,857	0.41	1,998	5
083		Pix2	1.499242	13	12	8,121	0.31	2,513	9
083		Pix3	1.926424	1	1	10,638	0.42	4,508	11
083		Pix4	1.479903	1	1	7,736	0.11	850	3
084	Miscellaneous Ear, Nose And Throat Procedures		0.413788	113	54	2,307	0.48	1,102	4
084		Pix1	0.378086	103	53	2,253	0.46	1,038	4
084		Pix2	1.680010	5	2	9,749	0.49	4,755	19
084		Pix3	1.249668	4	4	7,735	0.32	2,449	25
084		Pix4	5.225782	1	1	29,726	0.59	17,670	39
085	Mastoid Procedures		1.983642	156	128	12,248	1.11	13,642	4
085		Pix1	1.870466	152	125	12,246	1.12	13,668	4
085		Pix2	2.425270	4	4	16,674	1.03	17,117	9
085		Pix3							1
085		Pix4	5.277628			32,067	0.00	0	31
086	Other Tonsillar Procedures		0.538939	58	19	3,111	1.10	3,434	10
086		Pix1	0.460239	47	17	2,785	1.17	3,251	10
086		Pix2	0.412212	11	1	2,163	0.19	402	6
086		Pix3	1.177228			7,566	0.74	5,627	9
086		Pix4							
087	Sinus Procedures		0.366600	178	105	1,877	0.30	557	1
087		Pix1	0.348710	165	102	1,874	0.30	562	1
087		Pix2	0.838340	5	4	5,006	1.23	6,140	6
087		Pix3	0.756559	6	6	4,512	0.39	1,757	12
087		Pix4	4.186797	2		23,005	0.46	10,511	67
088	Ethmoidectomy (MNRH)		0.365726	103	33	1,868	0.37	687	1
088		Pix1	0.343247	102	32	1,869	0.37	692	1
088		Pix2	0.422550	1	1	2,230	0.21	459	5
088		Pix3	0.532324			3,074	0.46	1,427	2
088		Pix4							

Schedule 3 -- Inpatient Statistical Background

2001/2002										
CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	Blended		Coefficient of Variation	Standard Deviation	Trim Point
						Average Cost	Cost			
089	Dental Extraction Or Restoration (MNRH)		0.406551	105	77	2,269		0.46	1,039	4
089		Pix1	0.377024	95	72	2,243		0.44	995	4
089		Pix2	0.436329	7	3	2,757		0.66	1,824	6
089		Pix3	0.671215	2	2	3,802		0.40	1,525	7
089		Pix4	2.309111	1	1	15,160		0.00	0	15
090	External And Middle Ear Procedures (MNRH)		0.327404	105	73	1,706		0.41	700	1
090		Pix1	0.312881	105	73	1,706		0.41	700	1
090		Pix2	0.389862			2,072		0.00	0	1
090		Pix3								
090		Pix4								
091	Nasal Procedures (MNRH)		0.348469	169	22	1,702		0.40	683	1
091		Pix1	0.323348	168	22	1,702		0.40	683	1
091		Pix2	0.379720	1		2,123		0.00	0	1
091		Pix3								
091		Pix4								
092	Myringotomy (MNRH)		0.517310	9	5	3,079		0.64	1,969	10
092		Pix1	0.322614	7	4	1,892		0.50	947	4
092		Pix2	0.655598	2	1	3,708		0.47	1,757	8
092		Pix3	0.650836			4,182		0.83	3,457	6
092		Pix4								
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		0.390191	1,430	177	2,038		0.58	1,184	1
093		Pix1	0.359789	1,420	176	2,025		0.58	1,179	1
093		Pix2	0.615884	8	1	3,683		0.55	2,028	7
093		Pix3	0.986178	2	2	5,788		0.67	3,881	6
093		Pix4	2.580760			14,262		0.84	11,993	22
100	ENT Malignancy		1.035467	87	48	5,553		1.03	5,696	38
100		Pix1	0.542932	52	33	3,167		0.87	2,768	23
100		Pix2	1.857628	16	9	9,748		0.47	4,623	42
100		Pix3	3.001490	10	4	19,690		0.96	18,970	43
100		Pix4	4.686869	9	4	29,894		0.93	27,726	128

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	2001/2002			
						Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
101	Acute Suppurative Infections		0.550200	82	26	2,862	0.78	2,241	11
101		Pix1	0.489666	76	25	2,724	0.76	2,073	11
101		Pix2	0.661410	4		3,551	0.58	2,044	10
101		Pix3	0.817709	2	1	4,691	0.71	3,313	10
101		Pix4	0.783200			4,335	0.48	2,073	14
102	Dysequilibrium		0.424982	858	170	2,195	0.71	1,563	13
102		Pix1	0.356229	818	156	1,987	0.69	1,363	10
102		Pix2	0.733119	31	6	4,257	0.63	2,703	23
102		Pix3	0.555850	7	1	3,111	0.70	2,174	18
102		Pix4	0.456601	2	1	2,407	0.21	500	24
104	Influenza		0.431543	715	174	2,238	0.99	2,218	10
104		Pix1	0.363682	631	149	1,995	0.71	1,426	10
104		Pix2	0.436785	58	20	2,552	0.86	2,193	14
104		Pix3	0.526267	23	5	3,100	0.98	3,051	14
104		Pix4	1.403168	3	1	8,718	0.90	7,817	21
107	Epiglottitis		0.555825	30	16	2,978	0.84	2,508	8
107		Pix1	0.477878	28	15	2,776	0.81	2,239	7
107		Pix2	0.508178	1		2,919	0.05	154	7
107		Pix3							58
107		Pix4	2.855285	1		15,338	0.00	0	13
108	Epistaxis		0.361763	322	125	1,916	0.83	1,594	10
108		Pix1	0.281444	298	111	1,609	0.58	931	7
108		Pix2	0.642303	15	8	3,829	1.02	3,889	14
108		Pix3	0.698814	8	3	4,246	1.01	4,295	13
108		Pix4	1.284143	1		8,126	0.61	4,935	22
109	Other ENT Infections		0.480966	387	109	2,351	0.85	1,997	10
109		Pix1	0.381282	337	94	1,956	0.81	1,580	7
109		Pix2	0.675077	25	7	4,018	0.71	2,842	14
109		Pix3	0.428085	19	8	2,630	0.71	1,854	10
109		Pix4	1.786956	6		10,526	0.57	5,993	42

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
113	Sinusitis (MNRH)		0.437320	145	30	2,412	0.78	1,880	8
113		P1x1	0.395113	131	29	2,340	0.80	1,877	8
113		P1x2	0.468854	7	1	2,929	0.65	1,894	12
113		P1x3	0.449087	6		2,428	0.74	1,804	12
113		P1x4	0.460075	1		2,485	0.39	961	9
114	Sore Throat (MNRH)		0.313358	884	160	1,526	0.80	1,222	7
114		P1x1	0.274934	841	149	1,441	0.70	1,015	7
114		P1x2	0.529334	23	6	3,093	1.04	3,201	10
114		P1x3	0.439833	18	5	2,416	0.78	1,892	10
114		P1x4	1.741397	2	2	10,084	0.96	9,725	21
115	Miscellaneous ENT Diagnoses (MNRH)		0.176382	661	388	886	1.70	1,511	4
115		P1x1	0.142650	611	376	757	1.31	991	4
115		P1x2	0.645834	27	11	4,171	0.97	4,037	14
115		P1x3	0.994203	15	11	6,139	0.64	3,959	20
115		P1x4	2.073192	8	5	12,678	0.75	9,524	55
116	Croup (MNRH)		0.269224	629	184	1,470	1.44	2,122	4
116		P1x1	0.245659	616	180	1,455	1.48	2,151	4
116		P1x2	0.459990	8	4	2,010	0.56	1,130	7
116		P1x3	0.692760	3	1	3,907	0.98	3,820	7
116		P1x4	2.167383	2	2	14,209	0.99	14,068	11
125	Tracheostomy		18.665319	133	102	103,713	0.84	87,202	168
125		P1x1	2.385765	3	3	13,788	0.96	13,264	59
125		P1x2	11.284618	1	1	62,060	0.74	45,840	164
125		P1x3	5.577766	3	2	30,137	0.89	26,694	93
125		P1x4	18.704508	126	96	111,609	0.78	87,090	171
126	PWS - Resection Of Lung		1.963040	252	237	11,707	0.63	7,404	21
126		P1x1	1.520940	162	158	9,568	0.29	2,782	17
126		P1x2	1.948584	41	39	11,792	0.34	4,030	22
126		P1x3	2.352478	30	28	14,216	0.38	5,419	23
126		P1x4	5.026948	19	17	32,420	0.59	19,183	50

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient	Standard Deviation	Time Point
				Costed Cases	Blended Average Cost			
127 Major Respiratory Procedures								
127	Pix1	1.838957	621	521	10,794	1.09	11,746	34
		1.114307	358	304	6,809	0.47	3,179	19
127	Pix2	1.748572	117	103	10,713	1.10	11,779	33
127	Pix3	1.911830	59	48	11,789	0.62	7,347	41
127	Pix4	5.795978	87	75	36,145	0.82	29,732	81
128 Minor Respiratory Procedures								
		1.374050	74	67	8,416	0.91	7,643	20
128	Pix1	0.960610	54	48	6,369	0.67	4,277	14
128	Pix2	1.649899	7	7	10,290	0.77	7,912	31
128	Pix3	1.407990	7	6	8,892	0.57	5,110	38
128	Pix4	5.376296	6	6	34,281	0.66	22,682	75
129 Other Respiratory Procedures								
		0.570245	257	210	3,454	0.55	1,913	10
129	Pix1	0.454761	215	176	2,872	0.31	884	4
129	Pix2	1.100985	17	11	6,587	0.58	3,812	30
129	Pix3	1.790467	13	12	10,147	0.60	6,095	43
129	Pix4	4.171446	12	11	25,751	0.71	18,394	74
135 Tuberculosis								
		1.876752	56	41	11,306	0.83	9,395	80
135	Pix1	1.709642	48	35	11,253	0.89	10,022	82
135	Pix2	1.419433	4	4	8,943	0.60	5,406	74
135	Pix3	1.815721	4	2	11,316	0.58	6,556	44
135	Pix4	2.931735			17,040	0.59	10,032	62
136 Respiratory Failure								
		2.587138	509	335	13,677	1.06	14,470	39
136	Pix1	1.175181	144	77	6,644	0.78	5,166	26
136	Pix2	1.395733	124	78	7,824	0.88	6,866	27
136	Pix3	1.638465	78	54	9,215	0.99	9,134	34
136	Pix4	4.246555	163	123	24,098	0.78	18,875	48
137 Respiratory Infections And Inflammations								
		1.648516	934	547	8,848	1.01	8,932	31
137	Pix1	0.970580	451	231	5,548	0.81	4,487	24
137	Pix2	1.320082	179	103	7,499	0.70	5,284	31
137	Pix3	1.723039	133	91	10,004	0.79	7,917	38
137	Pix4	3.254899	171	132	19,349	0.99	19,214	51

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SHRV	Activity	2001/2002		Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
138	Respiratory Neoplasms		1,424,628	1,189	579	7,562	0.82	6,215	37
138		Plx1	0.953287	506	219	5,435	0.76	4,119	30
138		Plx2	1.380291	374	180	7,648	0.67	5,160	43
138		Plx3	1.602350	196	109	9,185	0.71	6,556	47
138		Plx4	2.157048	113	74	12,845	0.92	11,759	54
139	Interstitial Disease		1,347,369	293	142	7,147	1.06	7,565	30
139		Plx1	0.730511	161	66	4,299	0.91	3,909	21
139		Plx2	1.121107	49	24	6,217	0.72	4,489	30
139		Plx3	1.397726	48	30	8,217	0.85	6,965	40
139		Plx4	3.818971	35	27	21,507	0.65	14,052	68
140	Chronic Obstructive Pulmonary Disease (COPD)		0,966,231	801	234	4,669	0.89	4,143	24
140		Plx1	0.696974	509	122	3,709	0.75	2,767	21
140		Plx2	0.939114	193	65	4,550	0.75	3,421	28
140		Plx3	1.358210	67	27	7,307	0.83	6,050	50
140		Plx4	2.585478	32	27	13,733	0.64	8,770	70
141	Pulmonary Edema		1,593,595	177	92	8,503	1.27	10,814	23
141		Plx1	0.722792	89	42	3,894	0.85	3,291	16
141		Plx2	1.041545	38	20	5,670	0.96	5,447	23
141		Plx3	1.579833	20	15	8,767	0.71	6,199	26
141		Plx4	4.798042	30	21	28,837	0.89	25,575	58
142	Chronic Bronchitis		0,854,955	3,628	1,682	4,169	0.96	3,985	21
142		Plx1	0.580059	2,417	1,023	3,032	0.68	2,047	18
142		Plx2	0.847794	736	370	4,412	0.74	3,254	25
142		Plx3	1.237124	317	205	6,801	0.73	4,988	35
142		Plx4	2.599440	158	114	14,660	0.80	11,727	52
143	Simple Pneumonia And Pleurisy		0,812,502	8,297	3,133	4,097	1.05	4,306	18
143		Plx1	0.562099	6,075	2,026	2,962	0.74	2,200	14
143		Plx2	0.862937	1,182	553	4,696	0.76	3,550	25
143		Plx3	1.244951	636	365	7,055	0.78	5,522	31
143		Plx4	2.543489	404	289	14,772	0.90	13,283	51

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SHRV	Activity	Costed Cases	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
						Average	Cost			
144	Pneumothorax		0.617790	299	184	3,271	0.96	2,812	17	
144		Pix1	0.499855	246	151	2,842	0.75	2,133	14	
144		Pix2	0.842805	33	23	4,961	0.94	4,662	25	
144		Pix3	1.731406	15	10	10,119	0.85	8,573	38	
144		Pix4	1.975702	5	5	11,376	0.82	5,863	45	
145	Tracheobronchitis		0.558210	2,360	667	2,925	0.83	2,428	8	
145		Pix1	0.507814	2,071	592	2,869	0.79	2,272	10	
145		Pix2	0.798277	221	78	4,380	0.93	4,075	14	
145		Pix3	0.938838	45	24	5,536	0.70	3,872	18	
145		Pix4	5.658999	23	19	37,188	0.79	29,469	42	
146	Asthma		0.432386	2,859	1,174	2,222	1.05	2,337	10	
146		Pix1	0.357252	2,507	1,005	1,975	0.76	1,493	10	
146		Pix2	0.570102	275	128	3,074	0.73	2,236	14	
146		Pix3	0.865724	60	40	5,022	0.80	4,022	24	
146		Pix4	3.731297	17	14	20,858	0.69	14,474	47	
147	Other Respiratory Diagnoses		0.634983	1,365	615	3,480	1.29	4,474	16	
147		Pix1	0.429579	1,053	461	2,519	1.06	2,674	13	
147		Pix2	0.668248	172	71	3,901	0.86	3,342	20	
147		Pix3	1.131323	93	60	6,472	0.79	5,100	26	
147		Pix4	3.914161	47	34	23,371	1.18	27,575	57	
175	PWS - Heart Or Lung Transplant		11.729645	76	68	72,984	0.62	44,955	100	
175		Pix1	6.849569	3	3	46,404	0.21	9,545	41	
175		Pix2	8.874824	11	8	46,350	0.26	11,928	35	
175		Pix3	7.017803	14	13	46,940	0.23	10,783	51	
175		Pix4	15.338483	48	43	102,955	0.67	68,650	163	
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		5.893524	39	38	36,586	0.49	18,102	66	
176		Pix1	3.987732	4	4	26,284	0.37	9,662	43	
176		Pix2	4.481274	12	12	29,182	0.31	9,011	51	
176		Pix3	5.875220	6	6	37,417	0.22	8,295	58	
176		Pix4	8.150950	17	17	52,748	0.49	26,070	89	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWR#	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		3,621,571	452	415	22,527	0.49	10,967	27
177		Plx1	2,640,070	163	159	17,464	0.25	4,335	14
177		Plx2	3,169,830	120	114	20,757	0.38	7,888	24
177		Plx3	3,936,405	82	79	25,715	0.41	10,480	34
177		Plx4	7,148,759	87	86	46,511	0.62	29,031	67
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		4,534,176	315	309	28,214	0.54	15,225	48
178		Plx1	3,274,751	34	34	21,125	0.30	6,380	37
178		Plx2	3,519,752	133	133	22,954	0.40	9,120	39
178		Plx3	4,335,405	70	68	27,987	0.46	12,999	44
178		Plx4	6,837,656	78	77	44,280	0.58	25,541	67
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		2,565,661	1,456	1,377	15,996	0.42	6,702	21
179		Plx1	1,954,324	396	373	12,978	0.24	3,082	11
179		Plx2	2,278,804	592	567	14,960	0.29	4,401	18
179		Plx3	2,823,125	293	285	18,470	0.38	7,057	25
179		Plx4	5,023,152	175	163	32,904	0.59	19,266	51
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		9,304,477	28	25	57,818	0.98	56,507	64
181		Plx1	2,844,048	1	1	17,862	0.19	3,321	36
181		Plx2	4,094,021	4	4	26,711	0.30	8,109	52
181		Plx3	6,475,551	1	1	43,094	0.62	26,808	55
181		Plx4	12,154,759	22	20	80,546	0.82	65,663	84
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		3,166,365	308	291	19,705	0.52	10,254	23
182		Plx1	2,173,880	111	105	14,456	0.30	4,390	11
182		Plx2	2,583,929	65	63	17,169	0.33	5,619	17
182		Plx3	2,900,460	53	50	19,250	0.35	6,774	18
182		Plx4	5,814,230	79	76	38,464	0.65	24,989	47
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		3,430,577	85	81	20,814	0.72	14,883	43
183		Plx1	1,589,962	13	12	10,487	0.66	6,890	28
183		Plx2	2,844,670	20	20	18,096	0.59	10,650	36
183		Plx3	2,528,523	15	14	15,793	0.68	10,679	37
183		Plx4	4,448,984	37	36	28,205	0.61	17,311	61

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002				Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		3,221,183	138	121	19,140	0.76	14,619	35	
184		Pix1	1,927,995	36	32	12,209	0.55	6,730	25	
184		Pix2	2,240,745	31	25	14,020	0.63	8,903	20	
184		Pix3	2,741,159	24	20	17,436	0.69	12,098	28	
184		Pix4	5,110,583	47	45	31,645	0.64	20,189	50	
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		5,619,472	229	214	34,828	0.39	13,411	46	
185		Pix1	4,990,452	80	74	32,361	0.31	9,918	35	
185		Pix2	5,121,816	78	73	33,476	0.39	13,151	40	
185		Pix3	5,560,462	43	41	35,988	0.37	13,459	40	
185		Pix4	6,640,977	28	25	42,304	0.44	18,500	68	
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		2,814,498	830	633	17,018	0.47	7,923	20	
186		Pix1	2,471,460	609	457	15,545	0.44	6,839	16	
186		Pix2	3,283,081	118	99	20,708	0.47	9,803	29	
186		Pix3	3,449,861	72	58	21,783	0.37	8,029	36	
186		Pix4	4,448,423	31	29	28,358	0.53	14,937	52	
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		1,692,937	1,440	1104	10,254	0.44	4,462	15	
188		Pix1	1,507,143	973	727	9,548	0.40	3,779	14	
188		Pix2	1,795,294	277	240	11,028	0.46	5,083	16	
188		Pix3	2,157,045	121	99	13,055	0.44	5,705	23	
188		Pix4	3,328,424	69	63	20,167	0.60	12,132	43	
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1,272,671	1,305	1166	7,818	0.48	3,788	13	
189		Pix1	1,055,085	486	384	6,755	0.46	3,135	1	
189		Pix2	1,294,734	717	621	8,226	0.46	3,758	13	
189		Pix3	1,698,093	80	74	10,753	0.48	5,201	24	
189		Pix4	3,704,627	22	18	22,460	0.66	14,773	41	
191	Temporary Cardiac Pacemaker		1,687,351	68	40	9,207	0.78	7,197	23	
191		Pix1	1,032,214	25	10	5,843	0.61	3,540	17	
191		Pix2	1,153,026	14	7	6,065	0.72	4,374	21	
191		Pix3	1,319,011	10	7	7,824	0.63	4,931	20	
191		Pix4	2,344,227	19	16	14,096	0.68	9,606	38	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
193	Cardiac Pacemaker Device Replacement Or Revision		1.934173	186	115	12,014	0.91	10,981	7
193		Pk1	1.604283	169	91	10,353	0.82	8,478	4
193		Pk2	3.487033	7	7	22,749	0.81	18,466	25
193		Pk3	3.465219	9	9	22,440	0.81	18,256	34
193		Pk4	3.019083	1	1	18,462	0.64	11,872	21
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		0.828732	215	189	5,134	0.91	4,654	10
194		Pk1	0.605269	176	150	3,909	0.35	1,381	4
194		Pk2	1.093807	19	19	7,062	0.68	4,801	19
194		Pk3	1.618094	6	4	10,101	0.58	5,833	26
194		Pk4	6.008132	14	10	37,342	0.66	24,704	67
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		1.493013	118	78	8,330	1.09	9,091	22
200		Pk1	0.727333	37	20	4,195	0.87	3,630	10
200		Pk2	1.179760	28	17	6,867	0.87	5,967	22
200		Pk3	1.172860	18	11	7,194	0.91	6,563	22
200		Pk4	2.279838	35	30	13,688	0.99	13,488	38
201	AMI With Cardiac Cath With Congestive Heart Failure		2.195309	110	85	11,894	0.52	6,200	32
201		Pk1	1.805335	74	53	10,363	0.43	4,489	31
201		Pk2	2.725093	18	16	15,021	0.52	7,865	35
201		Pk3	2.053131	12	11	11,717	0.40	4,727	26
201		Pk4	2.917991	6	5	18,177	0.59	10,660	32
202	AMI With Cardiac Cath With Ventricular Tachycardia		1.646479	35	21	8,590	0.52	4,431	19
202		Pk1	1.302800	28	15	7,465	0.46	3,444	17
202		Pk2	2.601635	3	3	13,199	0.48	6,389	21
202		Pk3	1.790570	3	2	9,410	0.24	2,251	34
202		Pk4	4.642417	1	1	26,802	0.56	14,963	24
203	AMI With Cardiac Cath With Angina		1.644620	79	55	8,460	0.52	4,412	29
203		Pk1	1.505874	60	44	8,212	0.54	4,426	24
203		Pk2	1.722550	15	8	9,177	0.53	4,821	41
203		Pk3	1.984682	3	2	10,733	0.27	2,928	35
203		Pk4	3.371964	1	1	19,311	0.48	9,178	62

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002				Standard Deviation	Trim Point
					Costed Cases	Average Cost	Coefficient of Variation	Blended Average Cost		
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		1.630714	479	345	8,490	0.55	4,661	23	
204		Plx1	1.458209	429	304	8,064	0.54	4,326	21	
204		Plx2	1.408618	22	17	8,634	0.31	2,709	21	
204		Plx3	2.238581	20	16	12,496	0.52	6,536	34	
204		Plx4	2.313836	8	5	14,286	0.53	7,527	29	
205	AMI Without Cardiac Cath With Congestive Heart Failure		1.676029	480	218	8,337	0.70	5,877	31	
205		Plx1	1.265572	295	119	6,782	0.61	4,158	25	
205		Plx2	1.702776	80	36	8,950	0.66	5,891	35	
205		Plx3	1.695199	60	40	9,407	0.60	5,635	42	
205		Plx4	2.857513	45	24	15,934	0.71	11,294	48	
206	AMI Without Cardiac Cath With Ventricular Tachycardia		1.238081	135	53	6,157	0.67	4,122	18	
206		Plx1	0.959244	96	31	5,105	0.51	2,593	15	
206		Plx2	1.449834	21	13	8,230	0.67	5,530	25	
206		Plx3	1.185452	10	5	6,368	0.41	2,581	26	
206		Plx4	1.880573	8	4	10,073	0.85	8,536	38	
207	AMI Without Cardiac Cath With Angina		1.159974	126	49	5,366	0.58	3,123	23	
207		Plx1	1.018792	113	41	5,106	0.57	2,932	20	
207		Plx2	1.068483	10	5	5,833	0.49	2,867	28	
207		Plx3	1.980406	3	3	10,589	0.29	3,086	23	
207		Plx4	1.166111			6,199	0.50	3,128	61	
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		1.022111	2,140	893	4,877	0.64	3,117	15	
208		Plx1	0.897406	1,829	766	4,667	0.57	2,681	15	
208		Plx2	1.202450	149	60	6,511	0.83	5,393	27	
208		Plx3	1.242366	103	51	6,585	0.86	5,683	25	
208		Plx4	2.142361	59	41	12,595	1.16	14,589	39	
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		1.321170	31	11	7,411	0.67	4,941	27	
210		Plx1	1.232871	25	8	7,382	0.69	5,093	24	
210		Plx2	0.665429	2	1	3,203	0.57	1,839	14	
210		Plx3	3.056996	1	1	17,983	0.48	8,598	66	
210		Plx4	3.816779	3	2	25,058	0.75	18,827	67	

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	Costed Cases	2001/2002		Coefficient Cost of Variation	Standard Deviation	Trim Point
					Average	Blended			
211 Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions									
211	Pix1	1.424150	190	81	7,195	0.75	5,372	24	
		1.300661	181	76	7,042	0.74	5,240	24	
211	Pix2	1.055870	6	3	6,258	0.42	2,646	29	
211	Pix3	1.424178	1	1	8,880	0.15	1,320	31	
211	Pix4	4.719689	2	1	27,739	0.08	2,099	23	
212 Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions									
212	Pix1	0.999862	226	35	4,784	0.74	3,536	17	
		0.886056	191	30	4,438	0.76	3,395	14	
212	Pix2	0.968781	24	4	5,678	0.74	4,199	21	
212	Pix3	1.644388	10	1	10,262	0.86	8,791	35	
212	Pix4	1.518492	1		8,228	0.67	5,481	12	
213 Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions									
213	Pix1	0.647763	1,419	253	2,879	0.72	2,072	11	
		0.582816	1,351	243	2,846	0.71	2,016	11	
213	Pix2	0.731035	51	10	3,756	0.67	2,514	20	
213	Pix3	0.703119	8		3,945	0.91	3,582	21	
213	Pix4	1.375095	9	3	7,523	0.65	4,861	26	
215 Cardiac Cath With Congestive Heart Failure									
215	Pix1	2.078443	253	211	11,982	0.92	10,975	37	
		1.485089	174	148	8,790	0.55	4,812	30	
215	Pix2	2.130324	29	24	12,789	0.62	7,914	51	
215	Pix3	2.620478	26	21	16,350	0.51	8,327	54	
215	Pix4	4.256746	24	20	27,089	0.84	22,863	59	
216 Cardiac Cath With Ventricular Tachycardia									
216	Pix1	1.481613	116	96	8,292	0.67	5,588	29	
		1.263233	104	88	7,435	0.61	4,563	28	
216	Pix2	1.762794	7	5	10,857	0.29	3,184	37	
216	Pix3	3.412326	3	2	19,637	0.37	7,361	48	
216	Pix4	3.459601	2	2	21,443	0.64	13,802	44	
217 Cardiac Cath With Unstable Angina									
217	Pix1	1.178228	316	288	6,406	0.65	4,173	22	
		1.058258	289	261	6,072	0.65	3,918	19	
217	Pix2	1.662036	16	16	9,489	0.59	5,589	27	
217	Pix3	1.699429	9	9	9,978	0.56	5,616	37	
217	Pix4	2.453591	2	1	15,794	0.75	11,826	49	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002				Blended			
			SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
218 Cardiac Cath Without Specified Cardiac Conditions										
218			0.816594	779	560	4,719	0.69	3,242	17	
	Pix1		0.748328	715	520	4,541	0.59	2,684	17	
218		Pix2	0.953110	44	30	5,825	0.53	3,084	21	
218		Pix3	1.616262	15	14	9,798	0.70	6,899	48	
218		Pix4	3.652411	5	2	22,853	0.73	16,732	55	
219 Endocarditis										
219			1.985296	86	51	10,574	0.88	9,279	55	
	Pix1		1.061692	33	15	6,382	0.74	4,701	35	
219		Pix2	1.639168	12	7	9,992	0.97	9,713	62	
219		Pix3	1.952611	21	12	10,756	0.62	6,716	39	
219		Pix4	2.855018	20	17	16,137	0.76	12,342	97	
220 Pulmonary Embolism										
220			0.867970	754	426	4,734	0.85	4,026	19	
	Pix1		0.665425	488	255	3,840	0.69	2,669	18	
220		Pix2	0.816332	174	115	4,798	0.72	3,440	22	
220		Pix3	1.246121	59	39	7,375	0.66	4,887	32	
220		Pix4	2.256376	33	21	13,669	0.82	11,191	48	
222 Heart Failure										
222			1.071015	4,690	1805	5,382	0.91	4,892	27	
222		Pix1	0.752272	3,132	1113	4,056	0.72	2,937	21	
222		Pix2	1.082978	817	307	5,678	0.71	4,041	34	
222		Pix3	1.427750	413	209	7,843	0.68	5,354	42	
222		Pix4	2.702821	328	219	15,513	0.89	13,867	71	
225 Hypertensive Heart Disease										
225			0.982107	180	71	4,798	0.77	3,692	27	
225		Pix1	0.650024	121	43	3,526	0.69	2,430	18	
225		Pix2	0.939655	26	10	4,798	0.74	3,549	35	
225		Pix3	1.672312	19	10	8,911	0.46	4,132	44	
225		Pix4	2.075591	14	9	10,952	0.67	7,315	70	
226 Other Circulatory Diagnoses										
226			0.887962	975	482	4,759	0.98	4,670	20	
226		Pix1	0.591667	675	308	3,377	0.85	2,877	16	
226		Pix2	0.969705	154	80	5,535	0.73	4,022	25	
226		Pix3	1.316078	84	51	7,715	0.74	5,708	42	
226		Pix4	3.065874	62	50	17,893	0.82	14,724	57	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	2001/2002		Coefficient	Standard Deviation	Trim Point
						Average	Cost of Variation			
229	Atherosclerosis (MNRH)		0.876658	1,566	999	4,299	0.67	2,890	20	
229		Pk1	0.729455	1,279	820	3,916	0.59	2,307	17	
229		Pk2	1.122331	199	126	5,980	0.79	4,725	27	
229		Pk3	1.544060	61	41	8,445	0.73	6,147	46	
229		Pk4	2.265710	27	19	12,418	0.91	11,306	45	
232	Acquired Valvular Disorders (MNRH)		1.071855	111	58	5,337	0.87	4,621	27	
232		Pk1	0.770852	75	38	4,087	0.62	2,553	26	
232		Pk2	1.377126	24	13	7,569	0.69	5,217	31	
232		Pk3	0.799046	6	5	4,506	0.81	3,645	55	
232		Pk4	2.442747	6	2	14,659	0.76	11,124	40	
233	Hypertension (MNRH)		0.539056	898	127	2,750	0.97	2,664	11	
233		Pk1	0.398143	778	102	2,134	0.74	1,569	8	
233		Pk2	0.675922	98	19	3,867	0.80	3,101	17	
233		Pk3	0.931597	14	5	5,588	0.62	3,473	28	
233		Pk4	2.858819	8	4	16,378	0.55	8,945	30	
234	Congenital Cardiac Disorders (MNRH)		1.206620	42	27	7,630	1.65	12,611	22	
234		Pk1	0.561842	20	10	3,439	1.88	6,459	12	
234		Pk2	0.707491	14	10	4,608	0.86	3,972	19	
234		Pk3	1.699470	4	4	10,660	0.61	6,543	37	
234		Pk4	4.196547	4	4	29,912	0.84	25,252	36	
235	Angina Pectoris		0.560943	876	135	2,476	0.69	1,704	10	
235		Pk1	0.490300	791	124	2,420	0.69	1,667	10	
235		Pk2	0.775277	71	11	3,414	0.68	2,329	14	
235		Pk3	1.051163	11	4	5,430	0.46	2,512	32	
235		Pk4	0.372875	3		1,982	0.00	0	50	
237	Arrhythmia		0.714188	3,493	1162	3,548	0.88	3,124	16	
237		Pk1	0.534721	2,808	849	2,855	0.84	2,409	13	
237		Pk2	0.840765	467	196	4,564	0.62	2,845	21	
237		Pk3	1.426863	157	82	7,822	0.59	4,603	34	
237		Pk4	2.233929	61	38	12,526	0.74	9,329	50	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost of Variation			
240	Syncope And Collapse		0.496836	822	287	2,599	0.78	2,022	13
240		Plx1	0.441821	741	255	2,493	0.80	1,987	13
240		Plx2	0.598010	51	18	3,324	0.58	1,929	18
240		Plx3	0.983437	22	11	5,664	0.73	4,133	32
240		Plx4	1.667229	8	5	9,825	1.40	13,712	64
242	Chest Pain		0.427944	3,271	1040	2,127	0.66	1,401	7
242		Plx1	0.383793	3,045	967	2,076	0.67	1,393	7
242		Plx2	0.569540	189	69	3,042	0.56	1,707	13
242		Plx3	0.779943	35	12	4,179	0.50	2,098	19
242		Plx4	1.088006	2	1	6,010	0.86	5,181	20
250	Extensive Gastrointestinal Procedures		4.541364	64	44	26,630	0.76	20,358	51
250		Plx1	2.850964	16	10	17,893	0.43	7,622	26
250		Plx2	3.065061	11	10	18,811	0.23	4,352	24
250		Plx3	3.267565	10	7	19,683	0.28	5,448	41
250		Plx4	7.718893	27	19	48,963	0.74	36,263	104
251	Gastrostomy And Colostomy Procedures		3.509578	1,275	760	19,252	0.90	17,251	59
251		Plx1	1.837840	552	276	10,668	0.51	5,475	33
251		Plx2	2.329669	121	80	13,301	0.53	7,022	41
251		Plx3	2.838375	198	128	16,577	0.54	8,889	60
251		Plx4	6.720557	404	308	39,429	0.89	34,895	108
252	Major Esophageal, Stomach And Duodenum Procedures		2.820763	117	69	15,327	0.62	9,493	39
252		Plx1	1.937846	68	37	11,340	0.34	3,835	26
252		Plx2	2.240474	17	10	13,363	0.37	4,925	43
252		Plx3	3.466085	13	10	19,798	0.53	10,507	74
252		Plx4	6.373294	19	18	36,533	0.68	24,945	91
253	Major Intestinal And Rectal Procedures		1.853508	2,543	1799	9,665	0.60	5,784	25
253		Plx1	1.421832	1,561	1119	7,905	0.40	3,127	19
253		Plx2	1.833739	335	241	10,397	0.43	4,429	29
253		Plx3	2.160160	333	249	12,292	0.52	6,418	35
253		Plx4	3.974477	314	228	22,879	0.77	17,556	62

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Blended Average	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Cost				
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		1.216095	816	597	6,481	0.76	4,954	20	
255		Plk1	0.926359	644	493	5,206	0.57	2,971	17	
255		Plk2	1.423409	59	42	8,271	0.36	2,996	18	
255		Plk3	2.309778	55	43	13,754	0.63	8,677	39	
255		Plk4	4.391406	58	45	26,181	0.86	22,483	63	
258	Laparotomy		1.305996	884	540	6,867	0.76	5,215	24	
258		Plk1	0.949619	662	384	5,317	0.56	2,964	18	
258		Plk2	1.458311	73	55	8,168	0.56	4,535	27	
258		Plk3	1.804239	78	52	10,390	0.57	5,963	31	
258		Plk4	3.416990	71	60	20,546	1.15	23,528	53	
260	Less Extensive Intestinal And Rectal Procedures		0.963479	65	45	5,493	0.68	3,716	16	
260		Plk1	0.813396	51	33	4,980	0.77	3,836	14	
260		Plk2	1.283858	7	6	8,150	0.46	3,769	19	
260		Plk3	1.018049	3	3	5,290	0.33	1,745	18	
260		Plk4	1.488009	4	4	8,458	0.36	3,015	25	
261	Complicated Appendectomy		0.816099	998	659	4,360	0.51	2,239	12	
261		Plk1	0.701996	864	578	3,997	0.48	1,921	12	
261		Plk2	1.048133	60	45	6,392	0.45	2,902	17	
261		Plk3	1.392316	54	34	8,211	0.49	4,019	20	
261		Plk4	1.979690	20	13	11,880	0.88	10,445	22	
262	Simple Appendectomy		0.502511	2,243	1297	2,648	0.44	1,152	5	
262		Plk1	0.458777	2,163	1260	2,597	0.41	1,064	5	
262		Plk2	0.703548	45	33	4,111	0.35	1,434	9	
262		Plk3	0.870797	24	12	4,982	0.70	3,492	12	
262		Plk4	1.451545	11	7	8,157	0.45	3,675	25	
264	Minor Gastrointestinal Procedures		0.650289	98	67	3,842	0.50	1,909	8	
264		Plk1	0.578235	88	61	3,693	0.53	1,968	8	
264		Plk2	1.087074	5	5	6,315	0.62	3,935	25	
264		Plk3	0.832502	3	2	5,059	0.21	1,070	11	
264		Plk4	8.297058	2	2	49,808	0.66	33,012	53	

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWR	Activity	2001/2002		Coefficient of Variation	Standard Deviation	11m Point
				Costed Cases	Average Cost			
265 Abdominal Laparoscopy								
265	Pix1	0.598440	100	47	2,969	0.55	1,630	13
265	Pix2	0.527756	95	42	2,812	0.51	1,427	10
265	Pix3	0.720838	1	1	3,954	0.75	2,960	12
265	Pix4	1.808928	3	3	11,876	1.01	12,014	45
265	Pix4	1.887718	1	1	10,138	0.74	7,518	42
266 Anus And Stomal Procedures (MNRH)								
266	Pix1	0.470796	1,010	449	2,288	0.66	1,502	7
266	Pix2	0.418700	924	412	2,187	0.66	1,438	7
266	Pix3	0.742510	61	39	4,119	0.55	2,245	14
266	Pix4	1.186554	17	9	6,973	0.69	4,799	31
266	Pix4	2.972335	8	7	16,911	0.72	12,243	53
269 Bilateral Hernia Procedures								
269	Pix1	0.596947	1,950	875	2,932	0.55	1,619	7
269	Pix2	0.531559	1,852	829	2,822	0.53	1,493	7
269	Pix3	0.935526	50	35	5,225	0.72	3,781	15
269	Pix4	1.260355	31	20	6,898	0.49	3,375	18
269	Pix4	1.795006	17	13	9,730	0.61	5,934	32
271 Unilateral Hernia Procedures (MNRH)								
271	Pix1	0.494669	668	137	2,360	0.58	1,361	4
271	Pix2	0.434590	641	132	2,253	0.47	1,066	4
271	Pix3	0.790429	13	5	4,322	0.37	1,584	15
271	Pix4	1.877531	9	6	10,015	0.59	5,889	24
271	Pix4	1.954219	5	3	11,076	0.50	5,554	36
279 Digestive System Malignancy								
279	Pix1	1.081039	671	307	5,789	0.89	5,150	30
279	Pix2	0.728357	397	147	4,121	0.77	3,170	24
279	Pix3	1.063875	160	88	6,232	0.74	4,599	31
279	Pix4	1.594674	68	42	8,946	0.72	6,479	46
279	Pix4	1.725040	46	29	9,891	0.95	9,423	46
281 G.I. Hemorrhage								
281	Pix1	0.578410	2,161	1038	3,026	0.92	2,797	14
281	Pix2	0.435747	1,603	723	2,430	0.68	1,662	11
281	Pix3	0.653122	320	188	3,644	0.73	2,647	20
281	Pix4	0.954631	137	81	5,372	0.75	4,005	27
281	Pix4	2.140691	101	71	12,441	0.88	10,963	44

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Blended Average	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Cost				
285	Complicated Ulcer		0.616907	117	60	3,211	0.77	2,482	17	
285		Pix1	0.483282	66	33	2,674	0.69	1,848	14	
285		Pix2	0.482881	33	19	2,683	0.68	1,833	14	
285		Pix3	1.138144	10	5	6,441	0.48	3,089	33	
285		Pix4	3.129143	8	4	17,535	0.55	9,645	64	
286	Uncomplicated Ulcer		0.456210	285	97	2,292	0.77	1,771	11	
286		Pix1	0.394909	230	70	2,130	0.67	1,437	11	
286		Pix2	0.439732	46	26	2,412	0.67	1,625	14	
286		Pix3	1.037626	8	3	6,562	0.84	5,487	27	
286		Pix4	5.240514	1	1	21,454	0.81	17,292	125	
289	Inflammatory Bowel Disease		0.586653	896	481	3,147	0.73	2,304	17	
289		Pix1	0.513211	712	363	2,941	0.70	2,068	17	
289		Pix2	0.587156	125	82	3,358	0.72	2,417	19	
289		Pix3	0.897670	44	35	5,186	0.73	3,793	28	
289		Pix4	2.559499	15	11	15,196	0.80	12,100	57	
290	G.I. Obstruction		0.517597	2,046	960	2,649	0.74	1,961	14	
290		Pix1	0.420776	1,766	811	2,334	0.69	1,606	11	
290		Pix2	0.752262	170	88	4,068	0.68	2,765	24	
290		Pix3	1.084536	65	32	6,131	0.72	4,388	36	
290		Pix4	1.853725	45	24	10,222	0.86	8,783	55	
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		0.419069	12,824	3804	2,095	0.79	1,658	10	
294		Pix1	0.357831	11,317	3252	1,922	0.74	1,421	10	
294		Pix2	0.581490	985	389	3,180	0.73	2,312	17	
294		Pix3	0.752134	386	182	4,308	0.83	3,555	23	
294		Pix4	1.726541	136	84	10,021	0.81	8,140	53	
297	Other G.I. Diagnoses		0.515257	1,746	825	2,735	0.82	2,231	13	
297		Pix1	0.423837	1,364	619	2,399	0.81	1,937	13	
297		Pix2	0.579836	232	135	3,421	0.79	2,714	17	
297		Pix3	1.169331	76	50	6,999	0.94	6,602	36	
297		Pix4	2.344574	74	59	14,073	1.30	18,319	49	

Schedule 3 – Inpatient Statistical Background

CME Code	Description	Complexity Level	SVRV	Activity	Costed Cases	2001/2002		Coefficient of Variation	Standard Deviation	Tm
						Average Cost	Blended Average Cost			
310	PWS - Liver Transplant		8,911,562	60	41	55,503		0.75	41,867	80
310		Pix1	4,557,940	4	3	30,951		0.22	6,751	27
310		Pix2	5,247,678	4	3	34,996		0.15	5,261	20
310		Pix3	5,428,855	7	5	36,707		0.25	9,095	39
310		Pix4	10,887,475	45	32	72,976		0.77	56,119	98
311	Major Pancreatic Procedures		3,706,050	205	172	20,989		0.90	18,864	69
311		Pix1	2,317,119	75	63	13,744		0.45	6,193	38
311		Pix2	2,696,414	42	35	16,010		0.70	11,189	47
311		Pix3	2,975,503	33	30	18,519		0.58	10,747	53
311		Pix4	8,533,648	55	50	51,208		0.80	41,104	128
312	Major Hepatobiliary Procedures		2,147,791	125	103	12,420		0.40	4,988	25
312		Pix1	1,756,659	71	60	10,992		0.30	3,263	18
312		Pix2	2,073,521	20	16	12,329		0.34	4,206	20
312		Pix3	2,167,413	16	15	13,376		0.36	4,773	30
312		Pix4	5,153,666	18	16	33,646		0.81	27,231	73
313	Common Duct Exploration		1,850,427	89	64	10,113		0.67	6,755	27
313		Pix1	1,310,418	51	37	7,283		0.45	3,276	20
313		Pix2	1,678,628	14	12	9,974		0.34	3,436	22
313		Pix3	2,411,577	12	10	15,365		0.53	8,166	35
313		Pix4	3,479,398	12	8	20,618		0.87	17,890	42
314	Other Hepatobiliary And Pancreatic Procedures		1,877,891	160	104	10,141		0.82	8,273	31
314		Pix1	1,187,403	93	52	6,705		0.67	4,525	24
314		Pix2	1,703,166	20	16	9,820		0.44	4,330	27
314		Pix3	2,075,263	13	11	11,579		0.55	6,325	35
314		Pix4	3,553,289	34	28	20,745		0.67	13,911	53
315	Cholecystectomy		1,495,046	342	196	7,849		0.61	4,771	19
315		Pix1	1,135,605	223	123	6,295		0.43	2,714	16
315		Pix2	1,409,516	45	29	8,261		0.39	3,181	20
315		Pix3	1,894,657	40	27	10,409		0.53	5,500	28
315		Pix4	3,220,384	34	21	18,368		0.87	15,983	46

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
317	Laparoscopic Cholecystectomy		0.650094	3,525	1299	3,061	0.59	1,791	7
317		Pix1	0.574493	3,180	1141	2,937	0.58	1,710	7
317		Pix2	0.868851	226	134	4,606	0.52	2,401	15
317		Pix3	1.281122	82	52	6,803	0.41	2,783	22
317		Pix4	2.235305	37	22	12,738	1.39	17,696	35
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		2.112877	93	72	11,825	1.10	13,063	41
320		Pix1	1.187298	46	36	7,189	0.57	4,105	25
320		Pix2	1.505243	14	10	9,122	0.58	5,291	26
320		Pix3	2.115900	13	9	12,939	0.54	6,927	37
320		Pix4	5.714296	20	20	34,238	1.15	39,274	75
323	Cirrhosis And Alcoholic Hepatitis		1.353374	516	295	7,083	1.07	7,604	31
323		Pix1	0.566005	158	74	3,149	0.76	2,382	23
323		Pix2	0.838223	134	71	4,733	0.65	3,093	25
323		Pix3	1.208745	72	47	6,613	0.86	5,695	35
323		Pix4	2.515089	152	113	14,484	0.98	14,206	48
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		1.130787	571	316	5,930	0.75	4,463	36
324		Pix1	0.856108	301	137	4,781	0.71	3,377	27
324		Pix2	0.929841	106	68	5,236	0.84	4,421	37
324		Pix3	1.303106	99	64	7,401	0.65	4,823	41
324		Pix4	1.556417	65	45	8,994	0.69	6,224	54
325	Pancreas Diseases Except Malignancy		0.591384	1,869	894	2,995	0.78	2,330	15
325		Pix1	0.448358	1,386	618	2,426	0.66	1,601	14
325		Pix2	0.680762	301	178	3,646	0.79	2,865	24
325		Pix3	1.052762	103	66	6,027	0.72	4,348	35
325		Pix4	2.965888	79	58	16,759	1.11	18,624	58
326	Liver Diseases Except Cirrhosis Or Cancer		1.105553	560	302	6,029	1.28	7,747	24
326		Pix1	0.563328	319	154	3,279	0.73	2,389	17
326		Pix2	0.766966	80	47	4,467	0.80	3,576	27
326		Pix3	1.086572	84	50	5,890	0.72	4,232	34
326		Pix4	2.722145	77	55	16,690	1.17	19,584	45

Schedule 3 -- Inpatient Statistical Background

CML Code	Description	Complexity Level	2001/2002				Coefficient of Variation	Standard Deviation	Time Point
			SWR	Activity	Costed Cases	Blended Average			
329	Biliary Tract Diseases		0.530237	1,443	480	2,758	0.81	2,235	13
329		P1x1	0.398855	1,172	333	2,248	0.79	1,783	10
329		P1x2	0.666746	104	62	3,807	0.73	2,767	18
329		P1x3	0.706086	123	59	3,923	0.71	2,790	18
329		P1x4	1.379719	44	32	7,670	0.94	7,176	36
350	Multiple Or Bilateral Joint Replacement		2.875648	56	41	15,060	0.45	6,816	40
350		P1x1	2.213779	29	20	12,483	0.47	5,847	21
350		P1x2	2.716992	14	12	14,998	0.50	7,479	34
350		P1x3	3.239407	5	3	19,383	0.33	6,383	47
350		P1x4	5.313860	8	8	30,481	0.71	21,742	156
351	Joint Replacement For Trauma		1.955990	832	586	10,604	0.50	5,295	34
351		P1x1	1.523696	486	330	8,741	0.35	3,082	24
351		P1x2	2.050323	145	110	12,119	0.41	5,018	41
351		P1x3	2.580385	82	66	14,969	0.51	7,638	59
351		P1x4	3.549858	119	95	20,923	0.67	14,048	90
352	Hip Replacement		1.818150	2,011	1,239	9,404	0.22	2,076	12
352		P1x1	1.627001	1,553	927	9,122	0.20	1,835	14
352		P1x2	1.821091	323	268	10,145	0.23	2,335	15
352		P1x3	2.159005	90	58	12,131	0.34	4,131	27
352		P1x4	2.869056	45	34	16,289	0.48	7,886	44
354	Knee Replacement		1.616719	2,341	1,676	8,221	0.25	2,066	12
354		P1x1	1.430019	1,876	1,325	7,903	0.22	1,746	11
354		P1x2	1.689867	301	243	9,306	0.28	2,626	15
354		P1x3	1.795919	104	75	10,017	0.28	2,763	22
354		P1x4	2.150848	60	50	12,499	0.46	5,733	28
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		2.067390	36	29	11,833	0.78	9,248	44
355		P1x1	1.172017	17	15	6,843	0.48	3,285	22
355		P1x2	1.974806	6	5	12,323	0.66	8,089	34
355		P1x3	2.886086	4	4	17,374	0.58	10,155	46
355		P1x4	7.194845	9	8	41,900	0.73	30,643	154

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
356	Repair Hip And Femur Procedures		1.444387	174	128	8,682	0.60	5,216	24
356		Pk1	1.022098	116	84	6,549	0.47	3,086	15
356		Pk2	1.809906	33	26	11,310	0.51	5,756	35
356		Pk3	2.542893	16	15	16,087	0.46	7,383	53
356		Pk4	3.348604	9	8	20,303	0.46	9,352	78
358	Lower Extremity Procedures With Infection		1.340205	164	98	7,710	0.81	6,218	31
358		Pk1	1.046470	117	71	6,424	0.70	4,477	24
358		Pk2	1.324608	21	16	8,385	0.59	4,921	29
358		Pk3	2.249839	7	4	13,252	0.71	9,417	77
358		Pk4	5.686959	19	15	36,081	1.23	44,418	101
359	Upper Extremity Procedures With Infection		1.101140	41	28	6,214	0.80	4,976	20
359		Pk1	0.839700	34	24	5,147	0.60	3,100	17
359		Pk2	1.888356	2	1	9,997	0.99	9,917	23
359		Pk3	2.152255			13,011	0.68	8,840	15
359		Pk4	4.606484	5	5	24,906	1.12	27,856	64
360	Upper Extremity Amputations And Revisions		1.302740	52	42	6,970	0.82	5,739	33
360		Pk1	0.795537	27	23	4,512	0.64	2,887	17
360		Pk2	1.547008	14	12	8,511	0.65	5,574	74
360		Pk3	1.379058	3	3	8,948	0.98	8,727	37
360		Pk4	4.649952	8	7	27,649	0.69	19,021	80
361	Musculoskeletal Biopsy For Malignancy		2.091715	40	29	12,634	1.00	12,669	61
361		Pk1	0.999217	26	19	6,366	0.64	4,081	33
361		Pk2	3.119226	7	4	19,078	0.59	11,318	114
361		Pk3	3.201949	4	3	21,087	0.44	9,240	73
361		Pk4	5.604106	3	3	33,276	0.66	21,798	112
362	Musculoskeletal Biopsy Without Malignancy		2.371950	63	49	13,446	1.19	16,000	66
362		Pk1	1.208873	38	28	7,283	0.83	6,029	41
362		Pk2	2.015798	13	11	12,518	0.60	7,484	68
362		Pk3	3.374531	3	3	19,537	0.86	16,888	119
362		Pk4	6.847019	9	7	41,703	0.92	38,366	81

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002			Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity	Costed Cases				
									Blended Average Cost
363	Back And Neck Procedures With Fusion		1.658517	726	620	10,024	0.55	5,537	15
363		Pix1	1.361846	546	469	8,552	0.46	3,941	12
363		Pix2	2.135964	104	100	13,452	0.46	6,186	20
363		Pix3	2.545140	47	42	16,002	0.45	7,154	27
363		Pix4	5.391041	29	27	34,758	0.80	27,774	82
365	Back And Neck Procedures Without Fusion		0.708937	1,419	1143	4,155	0.43	1,778	8
365		Pix1	0.655267	1,323	1082	4,030	0.42	1,678	8
365		Pix2	1.169336	64	54	7,348	0.51	3,753	21
365		Pix3	1.332393	23	20	8,106	0.46	3,701	21
365		Pix4	2.390865	9	8	14,021	0.55	7,691	55
367	Shoulder Arthroplasty		1.381157	101	83	6,874	0.31	2,159	8
367		Pix1	1.247664	95	79	6,769	0.31	2,125	8
367		Pix2	1.530764	6	4	8,416	0.31	2,648	6
367		Pix3	1.542517			7,940	0.24	1,887	8
367		Pix4	1.541607			8,451	0.14	1,142	4
368	Major Hip And Knee Procedures		0.971997	79	64	5,699	0.55	3,137	11
368		Pix1	0.801744	65	50	4,962	0.52	2,601	8
368		Pix2	1.244001	8	7	8,038	0.36	2,879	17
368		Pix3	2.025817	1	1	11,557	0.50	5,728	22
368		Pix4	1.242595	5	3	7,245	0.53	3,872	35
369	Major Lower Extremity Procedures		0.869219	471	362	4,771	0.48	2,306	8
369		Pix1	0.787923	435	340	4,579	0.46	2,120	8
369		Pix2	1.348766	20	18	8,682	0.42	3,672	18
369		Pix3	1.333894	12	9	8,322	0.34	2,816	16
369		Pix4	3.809371	4	4	24,025	0.22	5,281	81
372	Major Upper Extremity Procedures		0.669468	244	128	3,647	0.47	1,730	4
372		Pix1	0.623344	238	126	3,622	0.47	1,716	4
372		Pix2	1.466256	3	2	8,757	0.46	4,052	34
372		Pix3	1.970426	2	2	11,457	0.47	5,350	21
372		Pix4	11.403573	1	1	62,359	0.71	44,400	293

Schedule 3 -- Inpatient Statistical Background

CIC Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	In Point
					Costed Cases	Blended Average Cost			
374	Minor Lower Extremity Procedures		0.616770	997	367	3,164	0.43	1,367	4
374		Plx1	0.566795	968	358	3,131	0.43	1,332	4
374		Plx2	0.922434	23	17	5,789	0.45	2,593	11
374		Plx3	1.317112	4	3	7,390	0.13	963	19
374		Plx4	7.042930	2	2	46,041	0.60	27,645	34
375	Minor Upper Extremity Procedures		0.553790	1,239	624	2,664	0.41	1,083	4
375		Plx1	0.504880	1,223	616	2,652	0.41	1,077	4
375		Plx2	0.642835	10	7	3,383	0.34	1,134	8
375		Plx3	0.583760	4		3,126	0.32	1,013	13
375		Plx4	0.934880	2	2	5,172	0.26	1,349	9
376	Miscellaneous Musculoskeletal Procedures		1.181606	165	136	7,061	0.82	5,800	10
376		Plx1	0.950980	146	119	5,979	0.82	4,895	10
376		Plx2	1.678914	14	13	11,309	0.55	6,256	8
376		Plx3	2.905254	3	2	19,131	0.34	6,485	16
376		Plx4	2.644292	2	2	17,460	0.40	7,041	18
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		1.367542	332	243	7,765	0.98	7,590	29
377		Plx1	0.949683	239	176	5,759	0.95	5,450	20
377		Plx2	1.694126	41	33	10,545	0.70	7,345	33
377		Plx3	2.260271	28	22	13,779	0.59	8,190	52
377		Plx4	5.601336	24	21	34,326	0.81	27,740	100
378	Soft Tissue Procedures (MNRH)		0.657264	153	115	3,676	0.47	1,716	7
378		Plx1	0.597914	144	110	3,545	0.45	1,599	7
378		Plx2	0.924658	8	7	5,840	0.47	2,753	23
378		Plx3	2.683155	1		14,946	0.95	14,183	63
378		Plx4	2.443966			14,630	1.16	16,975	15
379	Other Musculoskeletal Procedures (MNRH)		0.473855	559	396	2,584	0.46	1,179	4
379		Plx1	0.435655	539	386	2,545	0.45	1,140	4
379		Plx2	0.778803	12	11	4,762	0.40	1,888	15
379		Plx3	1.056626	5	4	6,925	0.46	3,187	20
379		Plx4	2.600695	3	2	16,027	1.00	16,094	57

Schedule 3 -- Inpatient Statistical Background

2001/2002									
CIC Code Description	Complexity Level	SWRV	Activity	Costed Cases	Blended		Coefficient of Variation	Standard Deviation	Trim Point
					Average Cost	Point			
380 Other Lower Extremity Procedures (MNRH)									
380	Pix1	0.458336	516	302	2,293	0.54	1,238	4	
		0.418619	504	295	2,271	0.54	1,220	4	
380	Pix2	0.625108	6	4	3,689	0.43	1,595	5	
380	Pix3	1.077495	4	3	5,671	0.78	4,426	21	
380	Pix4	0.468434	2	1	1,978	0.00	0	7	
381 Hand And Wrist Procedures (MNRH)									
381		0.475660	133	57	2,523	0.29	727	1	
	Pix1	0.441113	131	57	2,523	0.29	727	1	
381	Pix2	0.757067	1	1	4,231	0.62	2,617	4	
381	Pix3	1.299328	1					3	
381	Pix4								
382 Arthroscopy (MNRH)									
382		0.560389	18	8	2,949	0.92	2,717	16	
382	Pix1	0.281820	17	7	1,577	0.44	690	5	
382	Pix2	1.702780	1		9,521	0.25	2,417	19	
382	Pix3								
382	Pix4	2.928056			19,456	0.67	13,103	29	
383 PWS - Joint Replacement For Malignancy									
383		2.618506	25	20	15,612	0.66	10,244	41	
383	Pix1	1.971563	11	7	12,410	0.59	7,325	27	
383	Pix2	2.657879	9	9	15,996	0.71	11,281	38	
383	Pix3	2.908286	2	1	18,186	0.43	7,895	25	
383	Pix4	4.759313	3	3	28,596	0.73	20,931	127	
384 PWS - Back And Neck Procedures For Malignancy									
384		3.837194	32	28	23,214	0.54	12,648	55	
384	Pix1	2.301302	11	10	14,201	0.40	5,742	27	
384	Pix2	3.182753	9	9	19,576	0.56	10,906	39	
384	Pix3	3.586594	4	3	23,224	0.43	10,033	34	
384	Pix4	5.529944	8	6	34,688	0.33	11,485	64	
385 PWS - Major Orthopaedic Oncology Procedures									
385		1.365317	28	22	8,272	0.88	7,303	24	
385	Pix1	1.113526	20	19	7,124	0.77	5,475	17	
385	Pix2	1.969894	5	4	12,680	0.65	8,189	31	
385	Pix3	2.383907	1		12,978	0.46	5,940	16	
385	Pix4	10.169712	2	2	66,571	0.33	21,747	71	

Schedule 3 -- Inpatient Statistical Background

CHG Code Description	Complexity Level	SHRV	Activity	Costed Cases	2001/2002			Coefficient of Variation	Standard Deviation	Trim Point
					Average	Cost	Blended Average			
386 Other Orthopaedic Oncology Procedures		1.148248	35	30	7,006			0.73	5,105	16
386	Pix1	0.904484	32	28	5,809			0.61	3,554	13
386	Pix2	1.532780	3	2	10,080			0.67	6,708	24
386	Pix3	2.441462			15,058			0.49	7,448	28
386	Pix4									12
391 Secondary Neoplasms And Pathological Fractures		1.654112	820	333	8,897			0.94	8,406	47
391	Pix1	1.096341	497	184	6,035			0.75	4,517	38
391	Pix2	1.672100	161	72	9,572			0.77	7,375	53
391	Pix3	2.308375	76	45	13,267			0.67	8,894	68
391	Pix4	3.424465	86	39	20,736			0.72	14,920	85
392 Osteomyelitis		1.228959	132	66	7,171			0.73	5,224	36
392	Pix1	0.904304	89	39	5,647			0.76	4,274	28
392	Pix2	1.385527	12	9	8,468			0.60	5,110	37
392	Pix3	1.390163	20	13	8,768			0.56	4,927	38
392	Pix4	2.274358	11	7	14,219			0.75	10,654	86
393 Rheumatoid Arthritis		1.342199	189	81	7,336			1.15	8,470	30
393	Pix1	0.834067	135	51	4,867			0.91	4,450	23
393	Pix2	1.465182	24	12	7,787			0.77	6,008	32
393	Pix3	1.830266	17	11	10,115			0.80	8,125	83
393	Pix4	4.568773	13	10	28,254			0.88	24,992	112
394 Septic Arthritis		0.751978	107	38	3,963			0.82	3,255	26
394	Pix1	0.541273	79	27	2,927			0.75	2,187	20
394	Pix2	1.816700	10	4	11,583			0.85	9,839	74
394	Pix3	0.902364	8	3	5,300			0.30	1,595	30
394	Pix4	3.720895	10	7	22,513			0.95	21,436	146
397 Non-Inflammatory Arthritis		1.273280	267	66	6,163			0.79	4,875	33
397	Pix1	0.810621	208	43	4,299			0.80	3,420	27
397	Pix2	1.492347	41	16	7,876			0.50	3,941	39
397	Pix3	2.110891	10	2	11,892			0.74	8,794	60
397	Pix4	4.451105	8	1	21,264			0.72	15,249	209

Schedule 3 -- Inpatient Statistical Background

CMO Code Description	Complexity Level	SWRV	Activity	Costed Cases	2001/2002		Coefficient of Variation	Standard Deviation	Film Point
					Blended Average Cost	Blended Average Cost			
398 Other Inflammatory Arthritis		0.764425	626	287	4,109	1.34	5,570	23	
398	Pix1	0.475572	455	198	2,767	0.81	2,235	17	
398	Pix2	0.900773	79	30	4,939	0.69	3,429	32	
398	Pix3	0.944924	51	33	5,554	0.93	5,155	30	
398	Pix4	3.251469	41	32	19,929	1.15	22,828	51	
399 Orthopaedic Aftercare		0.847306	409	196	4,491	0.94	4,224	32	
399	Pix1	0.568583	317	147	3,252	0.84	2,745	25	
399	Pix2	1.463560	40	22	8,325	0.63	5,237	50	
399	Pix3	1.246252	30	11	6,927	0.57	3,946	38	
399	Pix4	2.658937	22	18	15,121	0.66	9,962	97	
401 Other Musculoskeletal Malignancies		1.165809	53	25	6,946	0.63	4,362	26	
401	Pix1	0.836815	34	15	5,383	0.66	3,534	14	
401	Pix2	1.492622	10	6	8,500	0.46	3,893	48	
401	Pix3	1.016038	6	3	6,384	0.47	3,010	29	
401	Pix4	2.766041	3	2	16,814	0.34	5,698	51	
402 Disc Disease		0.743378	921	274	3,751	0.79	2,976	24	
402	Pix1	0.594827	818	232	3,225	0.73	2,358	21	
402	Pix2	1.178642	62	25	6,498	0.72	4,674	44	
402	Pix3	1.786421	19	9	9,535	0.83	7,922	63	
402	Pix4	3.436035	22	14	19,687	0.72	14,109	114	
404 Other Musculoskeletal Infections		0.447314	5	1	2,616	0.82	2,146	8	
404	Pix1	0.407956	4	1	2,616	0.82	2,146	9	
404	Pix2								
404	Pix3	0.407956	1					7	
404	Pix4								
407 Other Musculoskeletal Disorders		0.573712	63	26	3,367	0.94	3,163	16	
407	Pix1	0.432984	54	25	2,680	0.73	1,945	13	
407	Pix2	0.957383	7	2	5,315	0.92	4,902	28	
407	Pix3	1.183401	1		6,607	0.37	2,445	14	
407	Pix4	1.413842	1		8,248	0.45	3,713	15	

Schedule 3 -- Inpatient Statistical Background

CICG Code Description	Complexity Level	2001/2002				Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
		SWRV	Activity	Costed Cases	Cost				
409 Back Pain (MNRH)		0.454932	1,001	207	2,327	0.79	1.844	14	
409	Plx1	0.390755	917	189	2,143	0.77	1,641	14	
409	Plx2	0.952314	57	16	5,412	0.75	4,055	33	
409	Plx3	1.429936	17	9	8,291	0.78	6,444	42	
409	Plx4	2.509920	10	3	13,955	0.64	8,964	72	
411 Signs, Symptoms And Deformities (MNRH)		0.522897	517	194	2,729	0.74	2,015	16	
411	Plx1	0.451298	437	160	2,546	0.72	1,839	16	
411	Plx2	0.829939	43	19	4,624	0.77	3,555	38	
411	Plx3	0.685930	33	13	3,767	0.65	2,430	20	
411	Plx4	1.197639	4	2	7,468	0.93	6,913	55	
413 Joint Derangements (MNRH)		0.436872	130	32	2,227	0.74	1,643	13	
413	Plx1	0.365019	122	30	2,030	0.63	1,283	10	
413	Plx2	0.578447	8	2	3,413	1.13	3,862	34	
413	Plx3	0.308185			1,555	0.76	1,179	10	
413	Plx4							7	
414 Sprains Strains And Minor Injuries (MNRH)		0.471563	197	57	2,325	0.71	1,661	16	
414	Plx1	0.402020	187	52	2,191	0.65	1,432	13	
414	Plx2	0.526508	5	2	2,484	0.54	1,347	20	
414	Plx3	0.716924	2	1	3,717	0.54	2,008	21	
414	Plx4	2.110068	3	2	12,574	0.29	3,654	29	
425 Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		1.000816	258	194	5,860	0.98	5,743	16	
425	Plx1	0.759089	226	168	4,683	0.80	3,754	13	
425	Plx2	1.784296	16	13	11,567	0.62	7,117	23	
425	Plx3	2.415401	13	11	15,036	0.86	12,878	22	
425	Plx4	5.051340	3	3	33,709	0.42	14,188	120	
427 Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		3.116053	253	158	17,294	0.96	16,530	82	
427	Plx1	1.851050	159	94	11,176	0.84	9,337	59	
427	Plx2	3.492169	29	19	19,668	0.92	18,155	107	
427	Plx3	3.532280	25	18	21,442	0.73	15,594	89	
427	Plx4	8.419524	40	33	49,692	0.81	40,106	187	

Schedule 3 -- Inpatient Statistical Background

CMA Code	Description	Complexity Level	SNRP	Activity	2001/2002			Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Average Cost	Blended Average Cost			
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy									
428		Pix1	0.611888	935	483	2,972	1,019	0.34	1,019	4
428		Pix1	0.555755	913	475	2,931	936	0.32	936	4
428		Pix2	1.603792	16	14	10,081	5,983	0.59	5,983	17
428		Pix3	1.833576	5	5	11,245	6,578	0.58	6,578	17
428		Pix4	3.007012	1	1	17,424	9,282	0.53	9,282	28
429	Total Mastectomy For Breast Malignancy		0.666827	1,010	725	3,356	2,309	0.69	2,309	7
429		Pix1	0.534652	960	669	2,863	1,012	0.35	1,012	4
429		Pix2	1.460480	37	27	8,894	6,055	0.68	6,055	15
429		Pix3	1.554398	10	9	9,560	7,814	0.82	7,814	22
429		Pix4	2.004562	3	2	12,384	9,234	0.75	9,234	12
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		0.529008	735	566	2,688	938	0.35	938	4
432		Pix1	0.485368	718	555	2,666	921	0.35	921	4
432		Pix2	0.713602	13	11	4,078	1,087	0.27	1,087	11
432		Pix3	0.877059	3	1	4,643	1,939	0.42	1,939	25
432		Pix4	2.842072	1	1	15,394	10,430	0.68	10,430	55
434	Breast Biopsy And Local Excision Without Malignancy		0.321705	63	20	1,590	613	0.39	613	1
434		Pix1	0.292539	62	20	1,590	613	0.39	613	1
434		Pix2	0.476891	1	1	2,836	1,636	0.58	1,636	9
434		Pix3								82
434		Pix4								
435	Perianal And Pilonidal Cyst Procedures		0.350860	106	27	1,654	815	0.49	815	4
435		Pix1	0.320106	106	27	1,654	815	0.49	815	4
435		Pix2								
435		Pix3	0.429864			2,309	0	0.00	0	2
435		Pix4								
436	Plastic Surgery		0.620075	62	39	3,401	1,991	0.59	1,991	4
436		Pix1	0.558605	58	36	3,283	1,914	0.58	1,914	4
436		Pix2	0.857005	4	3	4,895	2,501	0.51	2,501	6
436		Pix3								
436		Pix4								

Schedule 3 -- Inpatient Statistical Background

CHG Code Description	Complexity Level	SWRV	Activity	Costed Cases	Blended		Coefficient of Variation	Standard Deviation	Trim Point
					Average Cost				
2001/2002									
437 Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis									
437	Pix1	0.449397	125	63	2,464	0.50	1,223	4	4
	Pix1	0.403551	118	60	2,355	0.46	1,078	4	4
437	Pix2	0.682474	4	3	4,212	0.49	2,074	8	8
437	Pix3	1.392955	3	2	7,689	0.31	2,415	20	20
437	Pix4							25	25
438 Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis									
438	Pix1	0.752192	112	70	4,112	0.81	3,339	19	19
	Pix1	0.639791	96	62	3,738	0.71	2,641	16	16
438	Pix2	1.593804	4	3	8,501	0.48	4,057	48	48
438	Pix3	1.243716	8	6	7,168	0.62	4,429	57	57
438	Pix4	2.066560	4	2	12,192	0.83	10,108	35	35
439 Skin Ulcer									
439	Pix1	1.679962	170	54	8,216	0.84	6,885	56	56
	Pix1	1.099824	75	22	5,847	1.00	5,820	46	46
439	Pix2	1.535665	28	8	7,926	0.86	6,834	51	51
439	Pix3	1.710754	44	14	9,180	0.62	5,731	63	63
439	Pix4	3.262290	23	13	17,294	0.64	11,068	105	105
440 Major Skin Disorders									
440	Pix1	0.908715	137	50	5,134	1.01	5,182	23	23
	Pix1	0.694696	108	37	4,157	0.89	3,681	17	17
440	Pix2	0.879028	13	5	5,123	0.64	3,279	32	32
440	Pix3	1.146835	11	7	6,842	0.81	5,534	30	30
440	Pix4	1.427591	5	1	8,979	0.85	7,664	58	58
443 Malignant Breast Disorders									
443	Pix1	1.232568	66	16	6,944	0.85	5,888	39	39
	Pix1	1.038705	28	7	6,159	1.13	6,943	32	32
443	Pix2	0.886093	21	4	5,041	0.67	3,395	60	60
443	Pix3	1.808759	13	5	11,964	0.92	11,000	47	47
443	Pix4	2.540713	4		13,827	0.69	9,479	94	94
446 Non-Malignant Breast Disorders									
446	Pix1	0.422941	68	20	2,021	0.38	763	7	7
446	Pix2	0.387483	66	20	2,021	0.38	763	7	7
446	Pix3	0.387483	1					32	32
	Pix3							1	1
446	Pix4	2.179089	1	1	14,325	0.00	0	18	18

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002				Coefficient of Variation	Standard Deviation	Trim Point
			SVRV	Activity	Costed Cases	Blended Average Cost			
447	Cellulitis		0.640712	1,965	656	3,279	0.74	2,424	15
447		Pix1	0.510654	1,548	482	2,811	0.71	1,997	14
447		Pix2	0.856159	229	98	4,758	0.76	3,619	28
447		Pix3	1.041573	130	61	5,702	0.69	3,913	34
447		Pix4	1.819597	58	37	10,332	0.74	7,634	63
452	Trauma Of Skin, Subcutaneous Tissue And Breast		0.367805	205	40	2,112	0.80	1,696	7
452		Pix1	0.316520	195	36	1,942	0.82	1,599	4
452		Pix2	0.606048	8	1	3,221	0.65	2,087	15
452		Pix3	0.555582	1	1	3,182	0.91	2,896	16
452		Pix4	2.414989	1	1	14,971	0.65	9,739	15
454	Minor Skin Disorders		0.424887	387	116	2,134	0.78	1,660	10
454		Pix1	0.357596	335	91	1,938	0.80	1,544	10
454		Pix2	0.594165	29	15	3,145	0.71	2,249	20
454		Pix3	0.580149	16	11	3,035	0.67	2,047	19
454		Pix4	1.573815	7	4	9,449	0.83	7,822	41
476	PWS - Adrenal And Pituitary Procedures		1.504524	128	114	9,172	0.46	4,199	15
476		Pix1	1.213296	92	81	7,696	0.37	2,817	9
476		Pix2	1.801632	13	12	11,643	0.29	3,332	16
476		Pix3	2.333576	11	10	14,782	0.54	7,930	31
476		Pix4	4.188286	12	12	28,329	0.74	20,960	55
477	Parathyroid Procedures		0.705706	135	110	4,052	0.47	1,915	7
477		Pix1	0.628539	116	99	3,802	0.46	1,733	7
477		Pix2	1.019649	7	5	6,106	0.44	2,686	10
477		Pix3	1.332415	8	8	8,358	0.50	4,185	20
477		Pix4	2.242989	4	4	14,161	0.65	9,233	44
478	Obesity Procedures		0.734749	324	49	3,723	0.33	1,239	8
478		Pix1	0.669191	302	45	3,632	0.33	1,207	8
478		Pix2	0.952364	12	3	5,250	0.19	998	9
478		Pix3	0.944578	6		5,040	0.32	1,614	11
478		Pix4	4.125930	4	3	24,023	0.96	23,083	51

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Average Cost			
479 Thyroid Procedures								
479	P1x1	0.634450	661	447	3,359	0.42	1,395	4
479	P1x2	0.576740	619	423	3,251	0.40	1,308	4
479	P1x2	0.892669	6	5	5,066	0.26	1,320	6
479	P1x3	0.891366	26	20	5,574	0.30	1,664	9
479	P1x4	3.626114	10	9	23,587	0.98	23,113	56
480 Thyroglossal Procedures								
480	P1x1	0.425205	49	28	2,379	0.27	636	4
480	P1x1	0.395345	48	27	2,363	0.27	635	3
480	P1x2	0.556069	1	1	3,053	0.00	0	2
480	P1x3							
480	P1x4							
482 Other Endocrine, Nutrition And Metabolic Procedures								
482	P1x1	1.377864	50	22	8,252	1.18	9,713	31
482	P1x2	0.687633	32	10	4,245	0.74	3,154	13
482	P1x2	2.948371	6	5	17,770	0.78	13,801	52
482	P1x3	1.978362	4	3	12,076	0.88	10,615	25
482	P1x4	6.030199	8	6	38,355	0.64	24,455	126
483 Diabetes								
483	P1x1	0.583904	2,693	866	3,002	0.91	2,745	17
483	P1x1	0.408061	2,006	609	2,281	0.79	1,810	14
483	P1x2	0.784993	365	129	4,160	0.73	3,026	27
483	P1x3	0.847810	204	77	4,578	0.71	3,229	25
483	P1x4	1.788609	118	72	10,482	0.97	10,187	47
485 Nutritional And Miscellaneous Metabolic Disorders								
485	P1x1	0.623969	2,524	1014	3,294	0.88	2,900	17
485	P1x1	0.440234	1,794	620	2,442	0.78	1,907	13
485	P1x2	0.773842	400	211	4,411	0.81	3,589	24
485	P1x3	0.940267	225	143	5,487	0.85	4,687	30
485	P1x4	2.013084	105	77	11,995	0.85	10,252	60
487 Cystic Fibrosis								
487	P1x1	1.822291	94	74	11,343	0.71	8,084	28
487	P1x1	1.470430	64	49	9,708	0.51	4,947	28
487	P1x2	1.718043	16	15	11,320	0.52	5,910	33
487	P1x3	2.404301	7	4	15,446	0.58	8,950	36
487	P1x4	3.665394	7	7	23,289	0.84	19,493	44

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation	1/m Point
				Costed Cases	Cost				
488 Inborn Errors Of Metabolism		0.882686	71	42	5,558	0.97	5,379	16	
488	Pix1	0.572099	46	27	3,808	0.86	3,275	10	
488	Pix2	0.950479	10	5	6,148	0.67	4,129	29	
488	Pix3	1.224542	12	7	8,302	0.57	4,753	34	
488	Pix4	4.667444	3	2	32,426	0.86	27,790	65	
489 Endocrine Disorders		0.601831	562	235	3,454	0.80	2,763	16	
489	Pix1	0.433954	464	181	2,635	0.49	1,286	10	
489	Pix2	0.963072	66	39	5,683	0.96	5,457	34	
489	Pix3	1.361613	24	16	8,420	0.63	5,332	34	
489	Pix4	2.310465	8	5	14,145	0.94	13,278	46	
500 PWS - Kidney Transplant		2.724109	146	134	16,965	0.44	7,491	22	
500	Pix1	1.972418	61	52	13,010	0.25	3,230	12	
500	Pix2	2.132961	28	24	14,070	0.28	3,887	15	
500	Pix3	2.668036	29	28	17,621	0.37	6,525	25	
500	Pix4	4.124153	28	27	26,775	0.41	10,877	42	
501 Urinary Diversion And Augmentation		2.342818	110	97	12,452	0.44	5,426	33	
501	Pix1	1.839657	75	68	10,743	0.35	3,708	23	
501	Pix2	2.325176	21	19	13,543	0.32	4,284	28	
501	Pix3	2.465112	6	2	14,196	0.17	2,462	36	
501	Pix4	6.350337	8	8	40,351	0.99	40,025	121	
502 Radical Prostatectomy		1.112275	713	626	5,586	0.24	1,333	10	
502	Pix1	0.991442	607	538	5,431	0.22	1,173	10	
502	Pix2	1.048722	68	59	6,135	0.24	1,479	13	
502	Pix3	1.475638	27	25	8,183	0.35	2,828	22	
502	Pix4	1.423760	11	8	8,169	0.24	1,964	18	
503 Dialysis Procedures		2.121796	107	83	13,231	1.11	14,751	68	
503	Pix1	0.671616	42	33	4,511	0.60	2,715	14	
503	Pix2	2.059510	18	12	13,755	0.76	10,420	71	
503	Pix3	2.162098	18	15	14,162	0.86	12,236	59	
503	Pix4	8.116278	29	24	52,376	0.66	34,607	187	

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Costed Cases				
504 Major Urinary Tract Procedures									
504	Pix1	1.218270	693	583	6,539	0.47	3,106	13	
504	Pix2	1.027578	540	472	5,974	0.42	2,509	12	
504	Pix3	1.506659	76	63	8,733	0.46	4,044	17	
504	Pix4	1.670057	51	44	9,819	0.49	4,826	24	
505 Reconstructive Urological Procedures									
505	Pix1	1.130865	90	70	5,599	0.57	3,196	15	
505	Pix2	0.879821	70	57	4,652	0.45	2,070	12	
505	Pix3	1.294253	7	5	7,217	0.39	2,807	16	
505	Pix4	1.793341	4	2	10,396	0.36	3,752	17	
506 Open Prostatectomy									
506	Pix1	2.406829	9	7	12,548	0.35	4,374	36	
506	Pix2	0.847795	64	27	4,537	0.34	1,554	13	
506	Pix3	0.681550	53	17	4,062	0.27	1,096	10	
506	Pix4	1.094203	6	6	5,751	0.27	1,533	13	
507 Vascular And Other Urinary Procedures									
507	Pix1	1.497623	4	3	8,054	0.62	5,025	33	
507	Pix2	1.207953	1	1	6,362	0.42	2,658	9	
507	Pix3	1.867692	49	33	9,964	1.04	10,330	42	
507	Pix4	0.845927	24	18	4,926	0.62	3,077	19	
508 Minor Upper Urinary Tract Procedures									
508	Pix1	1.734141	4	2	9,818	0.44	4,359	31	
508	Pix2	2.747662	8	5	17,157	0.85	14,582	93	
508	Pix3	7.913456	13	13	46,741	1.02	47,575	166	
508	Pix4	1.143148	316	265	6,077	0.56	3,398	18	
509 Minor Lower Urinary Tract Procedures									
509	Pix1	0.909897	256	213	5,276	0.41	2,164	12	
509	Pix2	1.459238	29	28	8,169	0.54	4,433	29	
509	Pix3	1.788049	16	15	10,285	0.54	5,520	36	
509	Pix4	3.560756	15	11	20,373	0.82	16,709	66	
509	Pix1	0.716802	123	93	3,579	0.67	2,385	10	
509	Pix2	0.631378	113	89	3,461	0.66	2,274	10	
509	Pix3	1.053285	7	5	5,659	0.66	3,737	21	
509	Pix4	1.845368	2	2	9,898	0.63	6,275	37	
509	Pix1	3.990559	1	1	21,551	1.20	25,758	60	

Schedule 3 -- Inpatient Statistical Background

2001/2002								
CIC6 Code	Description	Complexity Level	SWRV	Activity	Costed Cases	Blended		Trm Point
						Average Cost	Coefficient of Variation	
510 Transurethral Prostatectomy								
510		Pix1	0.546084	1,204	837	2,498	0.40	987
510		Pix1	0.483160	1,138	807	2,459	0.39	955
510		Pix2	0.800087	39	24	4,387	0.41	1,787
510		Pix3	0.966604	16	11	5,019	0.46	2,316
510		Pix4	1.659704	11	8	9,233	0.59	5,485
512 Other Transurethral Or Biopsy Procedures (MNRH)								
512		Pix1	0.464083	1,355	927	2,125	0.58	1,236
512		Pix1	0.407687	1,304	908	2,088	0.58	1,217
512		Pix2	0.725965	20	16	3,752	0.54	2,037
512		Pix3	1.284266	17	10	6,959	0.76	5,257
512		Pix4	2.199901	14	10	11,816	0.74	8,794
514 Miscellaneous Urinary Tract Procedures (MNRH)								
514		Pix1	0.600919	8	3	2,734	0.35	970
514		Pix1	0.548283	6	2	2,733	0.37	1,000
514		Pix2	0.528893	1	1	2,855	0.05	133
514		Pix3	0.285111	1	1	1,532	0.00	0
514		Pix4						
520 Renal Failure With Dialysis								
520		Pix1	2.310353	242	192	13,732	0.87	11,974
520		Pix1	1.059368	72	57	6,666	0.73	4,897
520		Pix2	1.800167	50	41	11,630	0.73	8,527
520		Pix3	2.116737	44	35	13,477	0.71	9,551
520		Pix4	3.927173	76	65	24,414	0.69	16,904
521	Renal Failure Without Dialysis		1.031248	999	458	5,283	0.98	5,171
521		Pix1	0.660648	431	171	3,715	0.79	2,949
521		Pix2	0.868877	273	133	4,764	0.74	3,539
521		Pix3	1.151322	197	108	6,427	0.81	5,203
521		Pix4	2.536838	98	55	14,139	0.91	12,904
522 Urinary Neoplasm								
522		Pix1	1.243758	383	173	6,384	0.88	5,603
522		Pix1	0.708712	175	73	3,946	0.87	3,447
522		Pix2	1.146525	113	37	6,393	0.82	5,232
522		Pix3	1.420707	56	32	7,694	0.68	5,201
522		Pix4	1.871664	39	27	10,920	0.60	6,590

Schedule 3 -- Inpatient Statistical Background

CHG Code Description	Complexity Level	SWRV	Activity	2001/2002			Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Average Cost	Blended Average Cost			
524 Nephrotic Syndrome		0.627644	85	50	3,801	0.77	2,939	20	
524	Pix1	0.483620	72	41	3,041	0.67	2,039	16	
524	Pix2	0.617010	5	4	4,093	0.56	2,277	24	
524	Pix3	0.986675	7	5	6,610	0.69	4,535	29	
524	Pix4	1.789896	1	1	10,825	0.55	5,924	37	
525 Nephropathy Without Nephrotic Syndrome		0.584174	69	31	3,541	0.83	2,935	14	
525	Pix1	0.349106	44	18	2,231	0.59	1,311	10	
525	Pix2	0.528677	9	3	3,508	1.15	4,049	18	
525	Pix3	0.687069	11	7	4,356	0.49	2,124	15	
525	Pix4	1.333581	5	3	8,461	0.47	3,966	38	
526 Miscellaneous Nephrological Diagnosis		0.672373	31	14	3,548	0.62	2,216	14	
526	Pix1	0.504532	21	7	2,715	0.50	1,353	13	
526	Pix2	0.706390	4	3	4,655	0.52	2,407	12	
526	Pix3	0.735012	4	3	3,640	0.59	2,157	17	
526	Pix4	1.728481	2	1	10,280	0.64	6,545	40	
527 Upper Urinary Tract Infection		0.491933	1,154	415	2,560	0.64	1,632	11	
527	Pix1	0.400321	983	337	2,248	0.60	1,349	8	
527	Pix2	0.634976	82	32	3,545	0.65	2,288	15	
527	Pix3	0.698243	57	30	3,952	0.64	2,526	18	
527	Pix4	1.309199	32	18	7,639	0.64	4,889	31	
529 Lower Urinary Tract Infection		0.647987	1,705	688	3,353	0.71	2,379	17	
529	Pix1	0.505688	1,257	444	2,807	0.64	1,797	14	
529	Pix2	0.714665	259	137	4,001	0.71	2,825	21	
529	Pix3	0.790199	122	69	4,467	0.61	2,739	24	
529	Pix4	1.781341	67	51	10,410	0.84	8,695	53	
532 Urinary Retention And Other Functional Disorders Of Bladder		0.379956	227	72	1,891	0.78	1,477	16	
532	Pix1	0.322469	188	65	1,771	0.70	1,240	13	
532	Pix2	0.543388	33	7	2,724	0.98	2,666	23	
532	Pix3	0.550187	4		3,047	0.65	1,966	28	
532	Pix4	4.858850	2	1	21,302	1.11	23,734	184	

Schedule 3 -- Inpatient Statistical Background

C40 Code Description	Complexity Level	SWR	Activity	Costed Cases	2001/2002		Coefficient	Standard Deviation	Thin Point
					Average	Cost			
534 Miscellaneous Urological Diagnoses (MNRH)									
534	Pix1	0.627815	261	130	3,231	1.01	3,279	16	
534		0.433857	191	98	2,456	0.83	2,050	13	
534	Pix2	0.756092	46	17	3,899	0.95	3,686	14	
534	Pix3	1.025651	12	9	5,816	0.62	3,589	26	
534	Pix4	2.256297	12	7	12,660	0.61	7,774	41	
535 Hematuria (MNRH)									
535		0.366186	166	84	1,781	0.65	1,153	10	
535	Pix1	0.324160	133	68	1,753	0.65	1,136	10	
535	Pix2	0.348703	28	14	1,810	0.71	1,283	14	
535	Pix3	0.557121	3	2	3,072	0.45	1,385	8	
535	Pix4	1.124467	2		5,704	0.59	3,367	17	
536 Urinary Obstruction (MNRH)									
536		0.347740	2,143	711	1,617	0.66	1,066	7	
536	Pix1	0.297534	1,958	645	1,531	0.64	980	7	
536	Pix2	0.538400	127	50	2,863	0.67	1,906	14	
536	Pix3	0.811690	39	25	4,303	0.67	2,876	17	
536	Pix4	1.363545	19	12	7,371	0.55	4,057	42	
538 Admission For Dialysis (MNRH)									
538		0.199219	1	1	1,222	0.27	325	1	
538	Pix1							7	
538	Pix2	0.195393	1	1	1,222	0.27	325	1	
538	Pix3	1.103745			6,706	0.00	0	6	
538	Pix4								
550 Major Pelvic And Retroperitoneum Procedures									
550		0.795919	2	1	5,134	0.50	2,567	5	
550	Pix1	0.750382	2	1	5,134	0.50	2,567	5	
550	Pix2								
550	Pix3								
550	Pix4								
551 Penis Procedures									
551		0.722508	69	58	4,032	0.51	2,057	7	
551	Pix1	0.653790	66	55	3,875	0.52	2,031	6	
551	Pix2	0.775399	2	1	5,002	0.21	1,067	8	
551	Pix3	1.908879	1	1	11,863	0.56	6,608	35	
551	Pix4	2.619419			14,028	0.61	8,544	24	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SHRV	Activity	Costed Cases	2001/2002			Coefficient	Standard Deviation	Trim Point
						Average	Cost of Variation	Blended			
552	Testes Procedures		0.429082	135	75	2,148	0.47	1,001	7		
552		Plx1	0.368574	131	69	2,020	0.40	807	4		
552		Plx2	1.609317	4	3	10,143	0.66	6,647	50		
552		Plx3	1.803400			9,210	0.19	1,757	23		
552		Plx4	1.453334			8,018	0.94	7,528	23		
554	Miscellaneous Male Reproductive System Procedures (MNRH)		0.330080	179	58	1,668	0.45	754	1		
554		Plx1	0.300375	175	57	1,646	0.45	734	1		
554		Plx2	0.446151	2	2	2,762	0.29	805	6		
554		Plx3	1.611489	2	1	9,978	1.26	12,601	25		
554		Plx4							8		
555	Circumcision (MNRH)		0.289987	61	7	1,840	0.21	386	1		
555		Plx1	0.271498	60	7	1,840	0.21	386	1		
555		Plx2	0.252211			1,355	0.00	0	19		
555		Plx3	1.387451	1	1	5,202	0.00	0	7		
555		Plx4									
560	Malignancy Of Male Reproductive Organ		0.510098	4	3	2,779	0.36	1,012	9		
560		Plx1	0.527774	3	2	3,007	0.45	1,346	10		
560		Plx2									
560		Plx3	0.563755	1	1	3,701	0.00	0	11		
560		Plx4									
561	Male Reproductive System Inflammation		0.555442	119	42	2,626	0.68	1,780	14		
561		Plx1	0.415697	106	36	2,166	0.58	1,246	11		
561		Plx2	0.951078	10	5	5,265	0.49	2,555	24		
561		Plx3	0.740587	3	2	3,941	0.66	2,592	20		
561		Plx4	0.677041			3,745	0.66	2,456	10		
562	Other Male Reproductive System Diagnoses		0.320951	16	11	1,517	0.78	1,188	10		
562		Plx1	0.266943	14	10	1,401	0.80	1,123	10		
562		Plx2	0.583319	2	1	3,150	0.27	866	53		
562		Plx3							73		
562		Plx4									

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Average Cost			
563 Miscellaneous Male Reproductive System Diagnoses (MNRH)								
563	Pix1	0.312314	30	7	1,432	0.22	318	4
563	Pix2	0.281423	30	7	1,432	0.22	318	4
563	Pix2	0.336301			1,807	0.00	0	4
563	Pix3							
563	Pix4							
575 PWS - Pelvic Exenteration								
575		5.414333	4	4	33,698	0.49	16,497	71
575	Pix1							28
575	Pix2	3.440567	1	1	19,254	0.44	8,451	29
575	Pix3	3.222464	1	1	21,184	0.00	0	18
575	Pix4	6.647719	2	2	42,196	0.29	12,300	80
576 PWS - Radical Hysterectomy And Vulvectomy								
576	Pix1	1.294245	167	156	7,367	0.30	2,195	14
576	Pix2	1.122696	96	91	6,433	0.27	1,714	13
576	Pix2	1.314804	35	34	8,031	0.28	2,222	14
576	Pix3	1.525017	23	23	9,307	0.29	2,674	19
576	Pix4	1.827677	13	11	10,548	0.28	2,937	22
577 Major Gynecological Procedures For Ovarian Or Adnexal Malignancy								
577	Pix1	1.349695	171	140	7,500	0.50	3,736	22
577	Pix1	1.040861	106	86	5,865	0.39	2,263	15
577	Pix2	1.529485	33	32	9,148	0.43	3,949	21
577	Pix3	1.764564	20	14	10,843	0.38	4,113	22
577	Pix4	3.281963	12	11	19,855	0.60	11,955	59
578 Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal								
578	Pix1	0.878662	338	236	4,530	0.41	1,872	9
578	Pix1	0.737352	278	183	3,951	0.33	1,306	6
578	Pix2	1.050963	35	31	6,018	0.32	1,899	13
578	Pix3	1.553294	15	12	8,883	0.59	5,213	20
578	Pix4	1.885464	10	9	10,706	0.57	6,081	25
579 Major Uterine And Adnexal Procedures Without Malignancy								
579	Pix1	0.697252	5,918	4042	3,345	0.36	1,213	6
579	Pix1	0.634870	5,329	3765	3,294	0.36	1,199	8
579	Pix2	0.885012	334	268	4,818	0.36	1,748	12
579	Pix3	1.070228	180	131	5,882	0.44	2,595	13
579	Pix4	1.591904	75	60	8,763	0.60	5,295	20

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Average Cost			
581 Reconstructive Gynecological Procedures		0.693457	1,247	886	3,416	0.46	1,562	8
581	Plx1	0.610573	1,125	803	3,184	0.42	1,325	8
581	Plx2	0.915537	75	62	5,407	0.38	2,068	13
581	Plx3	1.151182	35	22	6,425	0.53	3,432	13
581	Plx4	1.468367	12	8	8,364	0.43	3,604	23
582 Other Gynecological Procedures		0.655216	139	71	3,246	0.68	2,213	10
582	Plx1	0.546110	120	65	2,913	0.59	1,718	10
582	Plx2	1.497242	11	7	8,240	0.52	4,253	19
582	Plx3	1.371014	6	3	7,536	0.62	4,679	24
582	Plx4	3.157241	2	2	17,249	0.48	8,282	95
583 Radio-Implant For Malignancy		0.648448	76	28	4,022	0.09	356	8
583	Plx1	0.632480	71	28	4,022	0.09	356	8
583	Plx2	0.632480	3					12
583	Plx3	0.866041	1		5,075	0.79	4,035	10
583	Plx4	0.866041	1					9
584 Vagina, Cervix And Vulva Procedures		0.416814	122	90	2,336	0.55	1,283	7
584	Plx1	0.379029	114	85	2,221	0.48	1,070	7
584	Plx2	0.928866	7	6	5,772	0.59	3,421	15
584	Plx3	0.945629	1	1	5,400	0.55	2,988	12
584	Plx4							
585 Gynecological Laparoscopy (MNRH)		0.447622	127	67	2,187	0.47	1,028	7
585	Plx1	0.414683	125	67	2,187	0.47	1,028	7
585	Plx2	0.257995	2		1,381	0.90	1,242	19
585	Plx3	0.310329			1,650	0.49	814	7
585	Plx4	1.207900			7,498	0.00	0	9
586 Tubal Interruption (MNRH)		0.524384	86	10	1,887	0.61	1,158	4
586	Plx1	0.464416	85	10	1,887	0.61	1,158	4
586	Plx2							
586	Plx3							
586	Plx4	0.464416	1					2

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Yr in Point
					Costed Cases	Blended Average Cost			
587	Miscellaneous Gynecological Procedures (MNRH)		0.247618	411	263	1,213	0.57	693	4
587		P1x1	0.224976	397	256	1,192	0.56	663	4
587		P1x2	1.100757	7	3	6,056	0.94	5,705	27
587		P1x3	0.357259	5	4	2,065	0.69	1,427	17
587		P1x4	2.165581	2	2	11,022	1.24	13,660	50
592	Malignancy Of Female Reproductive Organ		1.029913	136	53	5,485	0.80	4,361	36
592		P1x1	0.692265	76	23	3,859	0.74	2,859	23
592		P1x2	1.124212	35	17	6,462	0.77	4,972	54
592		P1x3	1.173095	15	6	6,435	0.77	4,935	40
592		P1x4	1.680233	10	6	10,144	0.66	6,647	82
594	Female Reproductive System Infection		0.365541	254	92	1,803	0.60	1,074	8
594		P1x1	0.337692	244	88	1,794	0.60	1,076	8
594		P1x2	0.392305	8	3	2,211	0.51	1,120	13
594		P1x3	0.229718	2	1	1,208	0.54	651	10
594		P1x4							2
595	Other Female Reproductive System Diagnoses And Injuries		0.298688	148	71	1,559	0.64	1,003	7
595		P1x1	0.263983	142	66	1,457	0.61	895	7
595		P1x2	0.479447	3	2	2,782	0.40	1,114	16
595		P1x3	0.622356	3	3	3,731	0.42	1,553	12
595		P1x4							2
596	Miscellaneous Gynecological Diagnoses (MNRH)		0.266846	648	254	1,370	0.78	1,074	7
596		P1x1	0.240916	626	246	1,311	0.76	998	7
596		P1x2	0.364278	12	5	2,099	0.66	1,381	11
596		P1x3	0.587495	9	3	3,799	0.91	3,454	27
596		P1x4	1.124371	1	1	6,417	0.60	3,847	35
599	Premature Labour		0.517498	696	403	2,591	0.73	1,879	10
599		P1x9	0.488937	696	403	2,591	0.73	1,879	10
600	Major Procedures In Pregnancy Or Childbirth		1.652830	94	71	8,169	0.79	6,421	16
600		P1x9	1.534502	94	71	8,169	0.79	6,421	16

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient	Standard Deviation	Yr/m
					Costed Cases	Blended Average Cost			
601	Repeat Caesarean Delivery With Complicating Diagnosis		0.659656	1,040	741	3,321	0.36	1,207	6
601		Plx9	0.612306	1,040	741	3,321	0.36	1,207	6
602	Caesarean Delivery With Complicating Diagnosis		0.806419	2,655	1842	4,060	0.46	1,872	9
602		Plx9	0.751602	2,655	1842	4,060	0.46	1,872	9
603	Repeat Caesarean Delivery		0.538117	1,815	973	2,590	0.36	935	3
603		Plx9	0.494841	1,815	973	2,590	0.36	935	3
604	Caesarean Delivery		0.678814	2,805	1835	3,347	0.30	989	6
604		Plx9	0.625599	2,805	1835	3,347	0.30	989	6
605	Fetal Surgery		0.442321	2	2	2,406	0.41	995	13
605		Plx9	0.436062	2	2	2,406	0.41	995	13
606	Vaginal Delivery With Sterilization Procedures		0.639261	129	32	2,604	0.33	860	5
606		Plx9	0.580458	129	32	2,604	0.33	860	5
607	Vaginal Delivery With Minor Procedures		0.614099	222	130	2,872	0.55	1,579	5
607		Plx9	0.568166	222	130	2,872	0.55	1,579	5
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		0.458350	521	395	2,357	0.50	1,174	7
608		Plx9	0.429202	521	395	2,357	0.50	1,174	7
609	Vaginal Delivery With Complicating Diagnosis		0.449301	10,525	7664	2,255	0.51	1,145	7
609		Plx9	0.417767	10,525	7664	2,255	0.51	1,145	7
610	Vaginal Delivery After Caesarean Delivery (VBAC)		0.396253	703	462	1,934	0.41	790	4
610		Plx9	0.365882	703	462	1,934	0.41	790	4
611	Vaginal Delivery		0.347952	16,620	10030	1,694	0.45	767	4
611		Plx9	0.320980	16,620	10030	1,694	0.45	767	4
612	Ectopic Pregnancy With Major Procedures		0.570017	261	162	2,831	0.51	1,450	7
612		Plx9	0.528398	261	162	2,831	0.51	1,450	7
613	Ectopic Pregnancy With Minor Procedures		0.429136	227	176	2,150	0.34	733	4
613		Plx9	0.399005	227	176	2,150	0.34	733	4
614	Ectopic Pregnancy		0.121479	76	39	613	0.61	373	1
614		Plx9	0.114624	76	39	613	0.61	373	1
615	Threatened Abortion		0.236646	292	72	1,051	0.85	894	4

Schedule 3 -- Inpatient Statistical Background

ICD-10 Code Description	Completeness Level	3WRY	Activity	2001/2002		Coefficient Cost of Variation	Standard Deviation	Time Point
				Costed Cases	Blended Average Cost			
615	Px9	0.217145	292	72	1,051	0.85	894	4
616 Abortive Outcome With Injection		0.540861	11	6	3,369	0.19	632	4
616	Px9	0.527253	11	6	3,369	0.19	632	4
617 Abortive Outcome With D And C		0.175313	1,473	867	850	0.46	392	1
617	Px9	0.161540	1,473	867	850	0.46	392	1
618 Abortive Outcome		0.229812	521	165	1,053	0.75	792	4
618	Px9	0.211894	521	165	1,053	0.75	792	4
619 False Labour LOS < 3 Days (MNRH)		0.177609	1,347	429	871	0.63	553	1
619	Px9	0.164723	1,347	429	871	0.63	553	1
620 Post-Partum Diagnosis With Procedures Other Than D And C		0.776993	51	34	3,905	0.56	2,183	14
620	Px9	0.720493	51	34	3,905	0.56	2,183	14
621 Post-Partum Diagnosis With D And C		0.243188	231	139	1,167	0.66	768	4
621	Px9	0.225054	231	139	1,167	0.66	768	4
622 Post-Partum Diagnosis		0.309787	779	422	1,581	0.85	1,337	7
622	Px9	0.290202	779	422	1,581	0.85	1,337	7
623 Antepartum Diagnosis With Complicating Diagnosis		0.331262	1,550	705	1,661	0.70	1,169	7
623	Px9	0.309444	1,550	705	1,661	0.70	1,169	7
624 Antepartum Diagnosis		0.255462	2,008	811	1,241	0.68	845	4
624	Px9	0.237561	2,008	811	1,241	0.68	845	4
625 PWS - Neonates Weight < 750 Grams		9.242777	147	102	54,732	1.22	66,537	100
625	Px9	8.956716	147	102	54,732	1.22	66,537	100
626 PWS - Neonates Weight 750-999 Grams		12.248961	116	105	70,344	0.79	55,471	177
626	Px9	11.828957	116	105	70,344	0.79	55,471	177
627 PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		7.525930	14	14	41,263	0.53	22,023	93
627	Px9	7.227180	14	14	41,263	0.53	22,023	93
628 PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		5.752676	370	328	31,285	0.96	30,135	98
628	Px9	5.465494	370	328	31,285	0.96	30,135	98
630 PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		7.026912	8	7	42,405	0.94	39,653	60
630	Px9	6.649223	8	7	42,405	0.94	39,653	60

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Tfm Point
					Costed Cases	Blended Average Cost			
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		3.818641	179	160	21,253	0.87	18,425	65
631		Plk9	3.613791	179	160	21,253	0.87	18,425	65
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		2.081809	640	515	10,543	0.84	8,855	47
632		Plk9	1.938236	640	515	10,543	0.84	8,855	47
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		3.025859	12	11	18,214	1.03	18,779	40
636		Plk9	2.803690	12	11	18,214	1.03	18,779	40
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		2.650917	232	195	14,592	1.14	16,700	42
637		Plk9	2.495862	232	195	14,592	1.14	16,700	42
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		1.686903	297	241	8,891	0.88	7,854	31
638		Plk9	1.577028	297	241	8,891	0.88	7,854	31
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		0.877177	1,063	811	4,361	0.91	3,964	21
639		Plk9	0.813531	1,063	811	4,361	0.91	3,964	21
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		0.197746	350	227	983	0.57	564	4
640		Plk9	0.183782	350	227	983	0.57	564	4
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		4.783730	44	31	29,028	1.20	34,907	42
643		Plk9	4.480656	44	31	29,028	1.20	34,907	42
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		1.773085	911	649	10,241	1.29	13,179	20
644		Plk9	1.665385	911	649	10,241	1.29	13,179	20
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		0.656310	1,722	1099	3,543	1.27	4,483	11
645		Plk9	0.613786	1,722	1099	3,543	1.27	4,483	11
646	Neonates Weight > 2500 gm With Caesarian Delivery		0.300253	6,818	4537	1,471	0.42	618	6
646		Plk9	0.277041	6,818	4537	1,471	0.42	618	6
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		0.339982	3,418	1994	1,802	1.03	1,864	7
647		Plk9	0.317556	3,418	1994	1,802	1.03	1,864	7
648	Neonates Weight > 2500 gm (Normal Newborn)		0.156997	24,801	15900	763	0.64	492	4
648		Plk9	0.144914	24,801	15900	763	0.64	492	4
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		13.024877	131	117	77,823	0.61	47,156	131
650		Plk1	3.540681	7	4	23,402	0.72	16,835	45
650		Plk2	3.043901	2	2	17,242	0.24	4,089	43

Schedule 3 – Inpatient Statistical Background

CICD Code	Description	Complexity Level	SWRV	Activity	Costed Cases	2001/2002		
						Blended Average	Coefficient of Variation	Standard Deviation Point
650		Pix3	5.410263	3	3	33,065	0.26	8,573
650		Pix4	13.500192	119	108	85,164	0.55	46,692
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma	Pix9	6.053228	2	2	35,381	0.49	17,173
651		Pix9	6.057163	2	2	35,654	0.48	17,200
652	PWS - Intracranial Procedures With Femur Procedures For Trauma	Pix9	7.422399	1	1	44,078	0.74	32,538
652		Pix9	6.503820	1	1	39,119	0.63	24,518
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma	Pix9	6.021298	27	24	36,678	0.69	25,145
653		Pix9	5.756464	27	24	36,678	0.69	25,145
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	6.233726	7	5	38,776	1.17	45,408
654		Pix9	5.838717	7	5	38,776	1.17	45,408
655	PWS - Spinal Procedures With Femur Procedures For Trauma	Pix9	4.079164	7	6	25,372	0.44	11,154
655		Pix9	3.812510	7	6	25,372	0.44	11,154
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma	Pix9	6.693796	3	3	42,065	0.63	26,562
656		Pix9	6.288222	3	3	42,065	0.63	26,562
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	4.455494	13	12	26,371	0.65	17,011
657		Pix9	4.252662	13	12	26,371	0.65	17,011
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	3.390981	105	88	20,303	0.64	13,061
658		Pix9	3.214916	105	88	20,303	0.64	13,061
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	4.228657	27	21	25,249	0.81	20,531
659		Pix9	4.072525	27	21	25,249	0.81	20,531
660	PWS - Intracranial Procedures For Trauma	Pix1	2.817273	138	121	17,346	0.88	15,215
660		Pix1	1.271593	55	49	8,251	0.65	5,392
660		Pix2	1.954442	26	25	12,564	0.56	7,039
660		Pix3	2.887410	14	14	19,141	0.58	11,071
660		Pix4	5.534342	43	33	35,311	0.54	18,902
661	PWS - Spinal Procedures For Trauma	Pix1	2.503949	176	161	15,068	0.62	9,356
661		Pix1	1.800183	116	110	11,424	0.46	5,290
661		Pix2	3.022895	25	24	18,951	0.39	7,445
661		Pix3	2.980561	16	15	18,716	0.38	7,037

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	Costed Cases	2001/2002			Coefficient	Standard Deviation	Trim Point
					Average	Cost of Variation	Blended			
661	Pk4	7.735271	19	19	49,489	0.76	37,528	70		
662 Femur Or Pelvic Procedures For Trauma		1.506037	1,602	1153	8,340	0.54	4,499	29		
662	Pk1	1.155182	1,108	787	6,850	0.41	2,789	20		
662	Pk2	1.776534	239	183	10,450	0.57	5,965	40		
662	Pk3	2.117994	131	101	12,387	0.47	5,770	47		
662	Pk4	3.319685	124	101	19,702	0.63	12,465	76		
663 Thoraco-Abdominal Procedures For Trauma		1.847565	231	161	10,915	0.84	9,157	23		
663	Pk1	1.147060	95	66	7,075	0.47	3,338	16		
663	Pk2	1.342269	49	32	8,161	0.54	4,411	21		
663	Pk3	2.003009	32	27	12,805	0.57	7,240	27		
663	Pk4	4.657310	55	44	29,099	0.76	21,984	56		
664 Wound Debridement And Skin Graft For Trauma		1.341340	809	564	7,866	0.84	6,612	23		
664	Pk1	0.932392	622	407	5,779	0.71	4,102	16		
664	Pk2	1.895445	121	106	11,710	0.66	7,711	27		
664	Pk3	2.773002	34	29	17,307	0.50	8,605	39		
664	Pk4	5.138082	32	27	32,800	0.70	22,805	77		
665 PWS - Elevated Skull Fractures		1.885704	14	12	11,185	1.03	11,483	20		
665	Pk1	0.845895	9	7	5,580	0.46	2,541	11		
665	Pk2	1.748618	1	1	11,166	0.43	4,760	17		
665	Pk3	3.236310	1	1	18,817	0.11	2,052	13		
665	Pk4	5.549856	3	3	32,357	0.49	15,752	36		
666 Major Lower Extremity Procedures For Trauma		0.701303	2,886	1955	3,816	0.50	1,891	8		
666	Pk1	0.634133	2,654	1854	3,888	0.47	1,727	8		
666	Pk2	1.465249	142	117	8,911	0.59	5,286	25		
666	Pk3	2.127122	52	42	13,227	0.67	8,878	36		
666	Pk4	3.616778	38	32	21,908	0.74	16,198	53		
667 Minor Lower Extremity Procedures For Trauma		0.624293	74	54	3,453	0.62	2,124	10		
667	Pk1	0.547180	72	51	3,214	0.48	1,542	7		
667	Pk2	2.322579	1	1	13,578	0.49	6,624	40		
667	Pk3	1.181445	1	1	7,756	0.00	0	9		

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient	Standard Deviation	Yr
					Costed Cases	Blended Average Cost			
667		Pix4							5
668	Miscellaneous Musculoskeletal Procedures For Trauma		0.814096	400	355	4,588	0.62	2,916	11
668		Pix1	0.686273	373	327	4,142	0.48	1,994	8
668		Pix2	1.346608	15	15	8,596	0.50	4,327	19
668		Pix3	2.151683	7	6	13,795	0.64	8,868	29
668		Pix4	3.539325	5	5	22,249	0.63	13,920	29
669	Vascular Repair For Trauma		0.941655	49	40	5,321	0.76	4,060	12
669		Pix1	0.670447	36	29	4,147	0.51	2,109	10
669		Pix2	1.105158	5	5	6,755	0.59	4,009	15
669		Pix3	1.571497	3	3	9,609	0.35	3,345	7
669		Pix4	4.195074	5	5	23,808	0.58	13,767	34
670	Upper Extremity Procedures For Trauma		0.539857	1,886	1267	3,028	0.52	1,565	7
670		Pix1	0.461360	1,807	1152	2,760	0.44	1,204	4
670		Pix2	1.036535	57	45	6,392	0.58	3,726	18
670		Pix3	1.604154	14	12	9,098	0.79	7,153	33
670		Pix4	2.310071	8	6	13,579	0.52	7,126	37
674	PWS - Intracranial Injuries With Spinal Injuries		2.690424	29	26	16,382	0.94	15,432	42
674		Pix9	2.549632	29	26	16,382	0.94	15,432	42
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		1.555469	13	12	9,588	1.48	14,213	24
675		Pix9	1.502013	13	12	9,588	1.48	14,213	24
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		2.386224	41	38	14,207	0.95	13,549	33
676		Pix9	2.276404	41	38	14,207	0.95	13,549	33
677	Spinal Injuries With Fractures Of Femur		1.045066	54	42	6,166	0.61	3,756	34
677		Pix9	0.997767	54	42	6,166	0.61	3,756	34
678	Spinal Injuries With Thoraco-Abdominal Injuries		1.102513	103	65	6,611	0.78	5,172	21
678		Pix9	1.052235	103	65	6,611	0.78	5,172	21
679	Fractures Of Femur With Thoraco-Abdominal Injuries		1.821236	46	27	10,654	0.86	9,137	37
679		Pix9	1.710104	46	27	10,654	0.86	9,137	37
680	Femur Or Pelvic Fractures And Dislocations		1.038889	748	286	5,278	0.82	4,339	41

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	Costed Cases	2001/2002	
					Blended Average Cost	Standard Deviation
680	Pk1	0.802000	583	211	4,396	0.80 3,515
680	Pk2	1.750487	97	43	9,311	0.81 7,564
680	Pk3	1.341466	39	18	7,842	0.82 6,469
680	Pk4	2.244636	29	18	13,262	1.11 14,735
681 Frostbite		1.164208	25	10	6,739	0.76 5,092
681	Pk1	1.021060	20	8	6,266	0.78 4,862
681	Pk2	1.669224	4	1	9,410	0.98 9,180
681	Pk3	1.530386	1	1	9,858	0.58 5,696
681	Pk4					
682 Spinal Injuries		0.623780	665	344	3,589	0.80 2,872
682	Pk1	0.531383	578	298	3,278	0.70 2,280
682	Pk2	0.966188	60	39	5,716	0.88 5,003
682	Pk3	1.535414	16	6	8,534	0.63 5,352
682	Pk4	3.569260	11	10	22,182	0.75 16,694
683 Intracranial Injuries		0.921734	479	355	5,612	1.13 6,325
683	Pk1	0.587048	365	267	3,739	0.92 3,452
683	Pk2	1.114613	36	31	7,002	0.81 5,689
683	Pk3	1.502769	33	22	9,662	0.86 8,280
683	Pk4	3.324834	45	40	21,006	0.61 12,763
684 Fracture Of Humerus		0.727081	206	73	3,840	1.03 3,970
684	Pk1	0.494405	164	54	2,800	1.11 3,118
684	Pk2	2.117477	20	16	12,098	1.03 12,436
684	Pk3	3.865747	16	7	19,452	0.83 16,117
684	Pk4	3.858049	6	3	19,159	1.00 19,205
685 Hip And Thigh Injuries		0.658010	151	34	3,155	0.80 2,525
685	Pk1	0.533407	134	30	2,846	0.80 2,266
685	Pk2	0.699899	11	3	3,968	0.95 3,779
685	Pk3	1.760111	4	1	8,511	0.43 3,696
685	Pk4	2.259506	2	1	11,492	1.01 11,573
686 Major Nerve Injuries		1.548634	3	2	7,964	0.71 5,617

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SVRV	Activity	2001/2002			Coefficient	Standard Deviation	Trim Point
				Costed Cases	Average Cost	Blended Average Cost			
686	Pix1	1.377060	2	1	7,716	0.75	5,763	12	
686	Pix2	0.905643			5,064	0.00	0	4	
686	Pix3	1.085278	1	1	5,857	0.02	102	10	
686	Pix4							42	
687 Thoraco-Abdominal Injuries		0.781595	936	483	4,425	1.06	4,708	17	
687	Pix1	0.595346	769	395	3,577	0.79	2,814	14	
687	Pix2	0.953686	82	44	5,525	0.77	4,270	27	
687	Pix3	1.267787	46	31	7,768	0.69	5,356	29	
687	Pix4	3.267355	39	30	19,859	0.82	16,301	50	
688 Weight Bearing Injuries		0.409897	676	262	2,253	0.83	1,867	13	
688	Pix1	0.336798	623	237	1,976	0.76	1,503	10	
688	Pix2	1.555146	27	11	8,936	0.70	6,237	51	
688	Pix3	0.833445	17	8	5,197	0.89	4,599	40	
688	Pix4	3.026746	9	7	19,347	0.85	16,525	107	
689 Genito-Urinary Injuries		0.551195	99	54	3,116	0.86	2,670	13	
689	Pix1	0.408400	77	42	2,453	0.77	1,901	10	
689	Pix2	0.846369	15	6	5,227	0.84	4,391	18	
689	Pix3	1.124866	7	4	6,986	0.46	3,246	20	
689	Pix4	2.202110			13,474	1.04	14,018	23	
690 Crushing Injuries And Contusions		0.406295	508	105	2,217	0.77	1,703	10	
690	Pix1	0.347185	458	94	2,031	0.76	1,547	10	
690	Pix2	0.808476	24	6	4,528	0.81	3,669	31	
690	Pix3	1.114070	18	7	6,107	0.52	3,163	44	
690	Pix4	1.487883	6	4	7,957	0.64	5,056	47	
691 Minor Lower Extremity Fractures		0.303771	20	8	1,764	0.59	1,042	4	
691	Pix1	0.288990	19	8	1,764	0.59	1,042	4	
691	Pix2	0.580901			3,088	0.00	0	26	
691	Pix3	0.384987	1	1	2,110	0.00	0	5	
691	Pix4								
692 Wounds		0.348869	639	231	1,939	0.66	1,276	4	

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Average Cost			
692	Plx1	0.325101	593	221	1,940	0.66	1,287	4
692	Plx2	0.710805	22	8	4,285	1.15	4,935	18
692	Plx3	0.469662	20	4	2,437	0.84	2,037	14
692	Plx4	2.629242	4	3	14,123	1.03	14,480	88
693 Amputations Or Vascular And Other Nerve Injuries								
693		0.607999	87	53	3,233	0.96	3,100	7
693	Plx1	0.527013	83	50	3,019	0.78	2,362	7
693	Plx2	0.757348	1	1	4,099	0.46	1,888	10
693	Plx3	0.281292	1	1	1,813	0.45	813	1
693	Plx4	3.071706	2	2	16,539	0.43	7,077	12
694 Facial Injuries								
694		0.435303	305	167	2,504	0.73	1,827	7
694	Plx1	0.389167	292	157	2,409	0.61	1,462	7
694	Plx2	0.687391	10	8	4,381	0.74	3,229	11
694	Plx3	0.537295	2	2	3,286	0.57	1,880	4
694	Plx4	1.710794	1	1	9,103	1.24	11,252	14
695 Other Cranial Injuries								
695		0.307882	994	204	1,816	0.96	1,735	4
695	Plx1	0.271296	925	186	1,679	0.77	1,294	4
695	Plx2	0.675645	32	11	4,302	0.76	3,282	14
695	Plx3	0.755437	25	13	5,017	0.87	4,341	13
695	Plx4	3.187893	12	10	20,292	0.69	14,053	35
696 Upper Extremity Fractures								
696		0.318387	830	232	1,817	0.59	1,068	4
696	Plx1	0.296905	794	225	1,799	0.58	1,042	4
696	Plx2	1.073890	26	17	6,328	0.85	5,362	36
696	Plx3	1.151691	4	3	6,718	0.64	4,330	26
696	Plx4	3.051477	6	5	18,490	0.63	11,680	85
700 PWS - Bone Marrow Transplant								
700		7.109343	199	134	44,890	0.48	21,726	62
700	Plx1	3.849854	14	8	24,661	0.71	17,521	62
700	Plx2	6.599229	11	7	41,974	0.22	9,390	50
700	Plx3	5.856736	19	8	39,399	0.48	18,842	54
700	Plx4	7.209927	155	112	46,939	0.47	22,079	66
701 Splenectomy								
701		1.251023	64	48	7,104	0.44	3,151	18

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002			Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Average Cost				
701	Pix1	1.057409	47	38	6,391	0.34	2,183	12	
701	Pix2	1.059906	8	6	6,321	0.33	2,092	14	
701	Pix3	2.314044	5	4	14,674	0.54	7,871	32	
701	Pix4	8.343985	4	2	48,770	0.93	45,492	83	
703 Other O.R. Procedures Of Blood And Blood-Forming Organs		0.939877	109	71	5,649	0.87	4,923	19	
703	Pix1	0.681955	76	54	4,319	0.69	2,998	13	
703	Pix2	1.568561	12	9	9,645	0.63	6,030	50	
703	Pix3	1.588193	9	6	10,172	0.80	8,108	25	
703	Pix4	5.982825	12	9	40,521	0.70	28,518	77	
704 Red Blood Cell Disorders		0.793027	1,311	424	4,312	0.97	4,192	19	
704	Pix1	0.590002	874	248	3,443	0.99	3,413	16	
704	Pix2	0.760908	270	93	4,244	0.90	3,835	20	
704	Pix3	0.961159	111	52	5,760	0.76	4,371	27	
704	Pix4	2.514416	56	32	16,289	1.17	19,024	50	
709 Coagulation Disorders		0.529200	345	175	3,036	0.83	2,512	13	
709	Pix1	0.409058	260	136	2,516	0.69	1,725	10	
709	Pix2	0.583892	45	22	3,624	0.79	2,872	13	
709	Pix3	0.964878	23	9	6,013	0.70	4,214	23	
709	Pix4	2.119646	17	12	12,356	1.01	12,531	53	
710 Reticuloendothelial And Immunity Disorders		0.805638	699	326	4,815	0.76	3,666	15	
710	Pix1	0.614554	345	181	3,844	0.71	2,745	14	
710	Pix2	0.901346	53	28	5,545	0.78	4,314	24	
710	Pix3	0.850968	187	90	5,506	0.61	3,385	15	
710	Pix4	1.688439	114	36	10,913	0.75	8,195	34	
725 Major Leukemia And Lymphoma Procedures		1.540022	215	163	9,023	0.96	8,665	30	
725	Pix1	1.038313	139	115	6,472	0.60	3,898	17	
725	Pix2	1.573280	16	13	9,834	0.61	6,035	30	
725	Pix3	2.993528	14	13	17,551	0.60	10,606	68	
725	Pix4	5.945347	46	39	37,160	0.84	31,158	142	
726 Acute Leukemia Without Major Procedures		3.605312	258	162	21,602	0.92	19,885	69	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient	Standard Deviation	YrM Point
					Costed Cases	Blended Average Cost of Variation			
726		Plx1	1.131661	82	35	7,182	0.83	5,933	22
726		Plx2	2.354550	28	18	14,198	0.71	10,071	45
726		Plx3	3.000240	36	25	19,296	0.80	15,365	59
726		Plx4	5.402120	112	82	34,937	0.87	30,369	96
728	Lymphoma And Chronic Leukemia With Other Procedures		1.806401	169	110	10,496	0.94	9,867	44
728		Plx1	1.074751	109	69	6,545	0.74	4,859	25
728		Plx2	2.078518	20	16	12,403	0.76	9,419	61
728		Plx3	2.246671	17	11	14,317	0.57	8,186	51
728		Plx4	5.878207	23	19	37,100	0.86	31,840	97
730	Lymphoma And Chronic Leukemia		1.748805	772	301	9,980	1.00	10,000	42
730		Plx1	0.921437	350	114	5,478	0.90	4,927	26
730		Plx2	1.163285	149	49	6,497	0.75	4,896	40
730		Plx3	1.692947	111	46	10,239	0.78	7,995	53
730		Plx4	2.852820	162	88	17,822	0.85	15,088	63
733	Major Ill-Defined Neoplasm Procedures		2.233928	83	66	13,036	0.72	9,346	40
733		Plx1	1.407480	48	40	8,500	0.56	4,760	21
733		Plx2	2.135493	14	13	12,673	0.44	5,592	35
733		Plx3	3.191804	11	8	20,177	0.64	12,976	48
733		Plx4	4.700925	10	9	29,630	0.72	21,310	111
734	Ill-Defined Neoplasm With Other Procedures		1.646899	72	56	9,666	0.88	8,530	44
734		Plx1	0.919592	52	42	5,777	0.58	3,342	19
734		Plx2	1.638698	5	4	9,936	0.65	6,444	65
734		Plx3	2.333711	4	2	14,334	0.45	6,490	41
734		Plx4	4.224747	11	8	25,891	0.46	12,001	75
735	PWS - Radiation Therapy		1.543936	152	120	9,628	0.68	6,508	41
735		Plx1	1.171515	87	70	7,532	0.59	4,477	32
735		Plx2	1.448508	34	23	9,235	0.54	5,030	33
735		Plx3	2.181584	16	13	13,932	0.84	11,687	63
735		Plx4	2.802543	15	15	17,973	0.62	11,114	63
736	Chemotherapy		0.664372	911	619	4,169	0.61	2,531	11

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	T-Test Point
				Costed Cases	Blended Average Cost			
736	Pix1	0.593535	784	572	3,938	0.57	2,229	8
736	Pix2	0.809500	55	20	5,252	0.75	3,952	14
736	Pix3	1.185781	37	19	7,514	0.72	5,396	34
736	Pix4	2.564285	35	30	16,458	0.52	8,483	66
737 Other Poorly Differentiated Neoplastic Diagnoses								
737	Pix1	1.455294	243	113	7,708	0.80	6,201	42
737	Pix2	0.856673	132	50	4,628	0.72	3,312	33
737	Pix3	1.486871	51	29	8,459	0.71	5,967	40
737	Pix3	2.034529	27	17	11,470	0.59	6,778	52
737	Pix4	1.932729	33	17	11,158	0.69	7,714	54
750 Multisystemic Or Unspecified Site Infections With Surgery								
750	Pix1	3.179201	493	318	17,464	1.24	21,662	54
750	Pix2	1.213068	237	141	6,932	0.91	6,334	28
750	Pix2	2.265320	64	47	13,043	0.71	9,224	46
750	Pix3	2.351873	55	39	13,991	0.88	12,328	46
750	Pix4	9.125580	137	109	54,397	0.82	44,365	122
751 Septicemia								
751	Pix1	1.151301	938	447	6,240	1.31	8,148	21
751	Pix1	0.639251	439	184	3,650	0.78	2,839	17
751	Pix2	0.870854	181	83	4,971	0.78	3,866	24
751	Pix3	1.061726	142	73	6,191	0.84	5,210	33
751	Pix4	2.447681	176	121	14,573	1.08	15,774	45
756 Post-Operative And Post-Traumatic Infections								
756	Pix1	0.622852	700	289	3,263	0.82	2,691	15
756	Pix1	0.505118	548	236	2,781	0.74	2,070	14
756	Pix2	0.848207	74	32	4,984	0.77	3,825	24
756	Pix3	0.769849	56	18	4,490	0.72	3,227	20
756	Pix4	1.920885	22	10	12,130	0.94	11,390	54
757 Viral Illness								
757	Pix1	0.450004	751	210	2,360	0.97	2,287	10
757	Pix1	0.384805	643	163	2,160	0.97	2,096	9
757	Pix2	0.466983	40	19	2,562	0.48	1,222	11
757	Pix3	0.463639	55	25	2,739	0.62	1,706	11
757	Pix4	2.151628	13	9	12,341	0.75	9,307	42
761 Fever Of Unknown Origin								
761		0.464294	430	160	2,559	0.78	2,001	10

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
				Cased Cases	Cost				
761	Plx1	0.401330	360	134	2,378	10	0.76	1,819	10
761	Plx2	0.554915	50	17	3,200	14	0.90	2,884	14
761	Plx3	0.802302	10	7	4,953	20	0.66	3,253	20
761	Plx4	1.397066	10	6	8,370	35	0.83	6,984	35
763 Other Infectious Diagnoses									
763	Plx1	0.770252	182	75	4,392	17	1.04	4,557	17
763	Plx1	0.472819	135	46	2,779	14	0.80	2,232	14
763	Plx2	0.899665	14	10	5,605	30	0.89	4,977	30
763	Plx3	0.885070	18	9	5,218	21	0.79	4,116	21
763	Plx4	4.513847	15	11	27,668	75	1.02	28,240	75
764 Depressive Mood Disorders With ECT									
764	Plx9	3.388401	447	297	16,664	108	0.57	9,531	108
764	Plx9	3.116294	447	297	16,664	108	0.57	9,531	108
765 Depressive Mood Disorders Without ECT With Axis III Diagnosis									
765	Plx9	2.224461	698	332	11,755	82	0.82	9,604	82
765	Plx9	2.085642	698	332	11,755	82	0.82	9,604	82
766 Depressive Mood Disorders Without ECT Without Axis III Diagnosis									
766	Plx9	1.491902	2,643	901	7,526	62	0.75	5,615	62
766	Plx9	1.386157	2,643	901	7,526	62	0.75	5,615	62
767 Depressive Mood Disorders LOS < 6 Days									
767	Plx9	0.305815	1,218	259	1,516	8	0.60	911	8
767	Plx9	0.282682	1,218	259	1,516	8	0.60	911	8
768 Bipolar Mood Disorders, Manic With ECT									
768	Plx9	3.516924	42	25	15,945	161	0.80	12,769	161
768	Plx9	3.209045	42	25	15,945	161	0.80	12,769	161
769 Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis									
769	Plx9	2.184496	155	93	11,427	77	0.67	7,695	77
769	Plx9	2.044442	155	93	11,427	77	0.67	7,695	77
770 Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis									
770	Plx9	1.739680	1,036	476	8,877	75	0.78	6,951	75
770	Plx9	1.609390	1,036	476	8,877	75	0.78	6,951	75
771 Bipolar Mood Disorders LOS < 6 Days									
771	Plx9	0.305871	233	82	1,559	8	0.55	859	8
771	Plx9	0.284216	233	82	1,559	8	0.55	859	8
772 Dementia With Or Without Delirium With Axis III Diagnosis									
772	Plx9	4.099464	570	250	20,409	145	0.78	15,883	145
772	Plx9	3.764483	570	250	20,409	145	0.78	15,883	145
773 Dementia With Or Without Delirium Without Axis III Diagnosis									
773	Plx9	2.905449	530	126	14,053	168	0.84	11,802	168
773	Plx9	2.646089	530	126	14,053	168	0.84	11,802	168

Schedule 3 -- Inpatient Statistical Background

CMG Case Description	Complexity Level	SWRV	Activity	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
				Costed	Cases				
774 Organic Mental Disorders Induced By Drugs		0.865630	536	215	215	4,670	0.91	4,229	45
774	Plx9	0.813124	536	215	215	4,670	0.91	4,229	45
775 Schizophrenia And Other Psychotic Disorders With ECT		4.814395	50	24	24	22,893	0.52	11,825	149
775	Plx9	4.386512	50	24	24	22,893	0.52	11,825	149
776 Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		2.504092	329	206	206	13,110	0.71	9,289	93
776	Plx9	2.343375	329	206	206	13,110	0.71	9,289	93
777 Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		1.879685	2,216	970	970	9,767	0.80	7,800	97
777	Plx9	1.750576	2,216	970	970	9,767	0.80	7,800	97
778 Schizophrenia And Other Psychotic Disorders LOS < 6 Days		0.361463	537	169	169	1,829	0.55	1,005	10
778	Plx9	0.335076	537	169	169	1,829	0.55	1,005	10
779 Dissociative Disorders		0.652027	109	48	48	3,342	0.75	2,516	26
779	Plx9	0.603508	109	48	48	3,342	0.75	2,516	26
780 Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		1.016751	303	138	138	5,363	0.97	5,184	34
780	Plx9	0.950372	303	138	138	5,363	0.97	5,184	34
781 Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		0.501864	448	139	139	2,578	0.84	2,160	19
781	Plx9	0.463285	448	139	139	2,578	0.84	2,160	19
783 Psychoactive Substance Dependence		0.724833	1,269	277	277	3,586	0.93	3,331	29
783	Plx9	0.670690	1,269	277	277	3,586	0.93	3,331	29
784 Psychoactive Substance Abuse		0.498170	648	137	137	2,426	0.78	1,884	22
784	Plx9	0.456408	648	137	137	2,426	0.78	1,884	22
785 Developmental Delay		3.255338	81	47	47	19,850	1.22	24,294	149
785	Plx9	3.089341	81	47	47	19,850	1.22	24,294	149
786 Disruptive Behaviour Disorders		1.943496	366	213	213	10,718	0.91	9,732	60
786	Plx9	1.861273	366	213	213	10,718	0.91	9,732	60
787 Eating Disorders		2.735801	142	103	103	16,446	0.86	14,199	116
787	Plx9	2.565846	142	103	103	16,446	0.86	14,199	116
788 Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		2.813409	439	273	273	14,449	0.89	12,788	112
788	Plx9	2.601976	439	273	273	14,449	0.89	12,788	112
789 Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		1.989624	492	186	186	10,090	0.95	9,561	116

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	Costed Cases	Blended		Coefficient Cost of Variation	Standard Deviation	Trim Point
					Average	Cost			
789	Pk9	1.825288	492	186	10,090		0.95	9,561	116
790 Somatoform Disorders		0.617569	106	37	3,189		0.86	2,755	20
790	Pk9	0.570916	106	37	3,189		0.86	2,755	20
791 Anxiety Disorders (MNRH)		0.943044	679	144	4,980		0.92	4,581	29
791	Pk9	0.882358	679	144	4,980		0.92	4,581	29
792 Adjustment Disorders (MNRH)		0.558783	1,988	1019	2,904		0.86	2,504	26
792	Pk9	0.519790	1,988	1019	2,904		0.86	2,504	26
793 Personality Disorders With Axis III Diagnosis (MNRH)		1.447523	79	38	7,647		0.88	6,739	53
793	Pk9	1.362353	79	38	7,647		0.88	6,739	53
794 Personality Disorders Without Axis III Diagnosis (MNRH)		0.740988	364	130	3,804		0.89	3,366	41
794	Pk9	0.689314	364	130	3,804		0.89	3,366	41
795 Sexual Dysfunction And Sexual Disorders (MNRH)		0.969560	44	5	5,049		0.60	3,013	974
795	Pk9	0.908596	44	5	5,049		0.60	3,013	974
796 Specific Developmental Disorders (MNRH)		1.417099	16	8	7,759		0.70	5,416	46
796	Pk9	1.360061	16	8	7,759		0.70	5,416	46
797 Miscellaneous Psychiatric Diagnoses (MNRH)		1.053638	132	29	5,679		1.34	7,600	60
797	Pk9	1.008815	132	29	5,679		1.34	7,600	60
803 Extensive Procedures For Injury Or Complication Of Treatment		2.579151	419	317	14,032		0.82	11,457	39
803	Pk1	1.762312	190	149	10,316		0.73	7,503	23
803	Pk2	2.469021	81	66	13,830		0.83	11,477	34
803	Pk3	2.473708	55	49	14,234		0.67	9,600	43
803	Pk4	6.548838	93	68	39,246		1.30	50,890	104
804 Non-Extensive Procedures For Injury Or Complication Of Treatment		0.987689	844	641	5,506		0.94	5,158	19
804	Pk1	0.677849	623	493	3,994		0.77	3,068	13
804	Pk2	1.325996	82	64	8,049		0.82	6,606	27
804	Pk3	1.620727	58	41	9,930		0.57	5,627	28
804	Pk4	4.307805	81	66	26,537		0.81	21,543	80
805 MNRH Procedures For Injury Or Complication Of Treatment		0.473567	99	58	2,416		0.69	1,672	7
805	Pk1	0.413850	87	52	2,274		0.70	1,595	7

Schedule 3 -- Inpatient Statistical Background

CMO Code Description	Complexity Level	Every	2001/2002			Blended Average Cost of Variation	Coefficient of Variation	Standard Deviation	Time Point
			Activity	Costs	Costs				
805	Pix2	0.670973	4	3	3,762	0.56	2,096	11	
805	Pix3	0.918040	4	2	5,495	0.50	2,728	18	
805	Pix4	3.865711	4	3	23,697	0.90	21,372	70	
811 Allergic Reaction		0.324100	176	36	1,740	1.02	1,777	4	
811	Pix1	0.275634	164	34	1,563	1.01	1,573	4	
811	Pix2	0.753014	5	2	4,727	0.87	4,102	17	
811	Pix3	1.516728	3		8,491	1.26	10,705	23	
811	Pix4	2.627527	4	3	17,229	0.96	16,540	35	
813 Drug Reactions		0.445834	2,075	683	2,316	1.03	2,393	7	
813	Pix1	0.337331	1,700	525	1,849	0.90	1,671	7	
813	Pix2	0.550951	132	68	3,122	0.89	2,794	17	
813	Pix3	0.770484	157	90	4,517	0.82	3,721	16	
813	Pix4	1.708068	86	61	10,392	0.89	9,199	28	
818 Complications Of Treatment		0.626696	1,607	964	3,577	1.05	3,766	16	
818	Pix1	0.458757	1,233	724	2,704	0.97	2,635	13	
818	Pix2	0.718835	159	105	4,466	0.88	3,925	20	
818	Pix3	1.062134	127	86	6,756	0.89	6,018	30	
818	Pix4	2.005587	88	66	12,870	0.82	10,554	45	
823 Minor Injuries And Trauma Diagnosis		0.507899	508	148	2,868	1.28	3,675	7	
823	Pix1	0.344946	428	120	2,075	1.06	2,200	7	
823	Pix2	0.922398	37	12	5,623	0.85	4,796	19	
823	Pix3	1.176270	18	9	6,761	1.08	7,313	19	
823	Pix4	2.052366	25	17	12,670	0.63	7,968	20	
830 PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		14.423772	34	30	90,292	0.95	85,878	155	
830	Pix1	3.831780	9	6	25,133	0.26	6,472	49	
830	Pix2	4.980049	5	5	33,338	0.90	29,949	95	
830	Pix3	9.672402	4	4	64,017	0.72	46,279	79	
830	Pix4	20.362255	16	14	135,371	0.70	94,873	180	
831 Extensive Burns Without Burn Procedures		0.351263	6	4	1,924	0.90	1,732	10	
831	Pix1	0.357826	5	3	2,049	0.93	1,905	10	

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2001/2002		Blended Average Cost of Variation	Coefficient of Variation	Standard Deviation	T-Test Point
				Costed Cases	Costed Cases				
831	Pk2	0.197570	1	1	1,299	0.00	0	0	1
831	Pk3								2
831	Pk4								15
832 PWS - Non-Extensive Burns With Skin Graft		2.542638	119	107	15,771	0.89	13,971	45	
832	Pk1	1.710028	91	80	11,286	0.75	8,506	33	
832	Pk2	3.644507	13	12	23,629	0.59	13,830	58	
832	Pk3	4.844862	8	8	32,254	0.51	16,428	44	
832	Pk4	7.681028	7	7	51,681	0.67	34,613	90	
833 Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		1.317296	21	12	8,168	0.69	5,645	33	
833	Pk1	1.082620	17	10	6,909	0.59	4,053	30	
833	Pk2	2.308242	2	2	14,601	0.56	8,159	38	
833	Pk3								7
833	Pk4	4.294014	2		24,235	1.15	27,878	102	
834 Non-Extensive Burns Without Burn Procedures		0.690527	207	96	4,056	1.06	4,301	16	
834	Pk1	0.563145	190	81	3,553	0.91	3,249	16	
834	Pk2	0.803894	7	7	4,797	0.68	3,244	28	
834	Pk3	0.959818	5	4	5,928	0.70	4,148	14	
834	Pk4	4.420638	5	4	28,851	0.76	21,969	119	
840 Other Admissions With Surgery		5.924214	466	286	34,532	1.10	37,840	195	
840	Pk1	1.493404	223	132	8,683	1.05	9,160	66	
840	Pk2	5.278602	70	29	29,979	0.79	23,621	165	
840	Pk3	5.958791	53	32	36,828	0.62	22,848	196	
840	Pk4	12.006398	120	91	74,931	0.69	51,692	257	
841 Rehabilitation		2.970223	5,043	1681	19,019	0.68	12,907	101	
841	Pk1	2.285938	3,482	952	15,242	0.64	9,786	81	
841	Pk2	3.104110	803	342	20,779	0.64	13,275	115	
841	Pk3	3.486269	461	218	22,799	0.67	15,301	131	
841	Pk4	4.332842	297	180	29,128	0.68	19,943	156	
842 Signs And Symptoms		0.730592	773	202	3,784	0.92	3,477	26	
842	Pk1	0.535561	575	132	3,022	0.90	2,708	23	

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002			Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases				
842		Pix2	1.073504	123	41	5,764	0.85	4,923	37
842		Pix3	1.040063	52	24	5,857	0.75	4,418	46
842		Pix4	2.436914	23	10	15,136	0.82	12,469	97
846	Aftercare Following Surgery Or Treatment		0.263104	2,323	1397	1,357	1.23	1,873	7
846		Pix1	0.237465	2,115	1355	1,327	1.24	1,642	7
846		Pix2	0.495959	109	35	2,985	1.30	3,892	118
846		Pix3	1.472904	61	12	8,214	1.06	8,746	161
846		Pix4	1.776355	38	4	10,074	0.77	7,801	192
847	Other Specified Aftercare		1.807002	2,312	517	8,205	1.13	9,251	73
847		Pix1	1.606951	1,758	432	8,035	1.16	9,307	70
847		Pix2	1.569399	315	37	7,645	1.00	7,637	73
847		Pix3	2.150072	152	30	10,580	1.31	13,825	87
847		Pix4	2.362124	87	21	12,849	1.04	13,312	93
849	Multiple Or Unspecified Congenital Anomalies		4.062782	7	2	25,246	1.90	47,972	43
849		Pix1	0.457616	4		2,392	1.00	2,391	37
849		Pix2	0.349041	1		2,337	0.85	1,978	2
849		Pix3	2.167475	1	1	11,765	0.24	2,878	17
849		Pix4	11.406978	1	1	69,303	0.59	41,053	36
850	Perinatal Conditions Age > 28 Days		4.005475	122	71	19,791	0.88	17,459	66
850		Pix1	2.712125	84	40	13,995	0.79	11,072	57
850		Pix2	3.043591	15	11	15,968	0.93	14,783	86
850		Pix3	5.818431	7	6	30,240	0.54	16,475	97
850		Pix4	8.570262	16	15	47,917	0.62	29,495	107
851	Other Factors Causing Hospitalization		0.838196	4,667	195	3,507	1.48	5,204	41
851		Pix1	0.620637	3,819	178	3,020	1.22	3,692	35
851		Pix2	1.719865	431	6	7,089	1.72	12,178	69
851		Pix3	1.257434	268	6	5,202	0.87	4,545	79
851		Pix4	2.053426	149	6	8,390	1.09	9,174	115
852	Procedures Cancelled (MNRH)		0.112960	1,030	470	650	2.60	1,691	1
852		Pix1	0.101862	988	444	636	2.68	1,704	1

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	Costed Cases	2001/2002		
					Average Cost	Coefficient of Variation	Standard Deviation
852	Pix2	0.184476	32	21	839	1.62	1,358
852	Pix3	0.175566	8	4	1,126	0.74	830
852	Pix4	0.224181	2	2	1,473	0.85	1,252
860 Respiratory Tract Disorders With HIV		1.668535	42	29	9,608	1.51	14,491
860	Pix9	1.559232	42	29	9,608	1.51	14,491
861 CNS Infection With HIV		0.838392	3	2	4,978	0.65	3,226
861	Pix9	0.788021	3	2	4,978	0.65	3,226
862 GI And Hepatobiliary Disorders With HIV		0.823112	16	11	4,636	0.73	3,404
862	Pix9	0.765062	16	11	4,636	0.73	3,404
863 Ophthalmic Disorders With HIV		3.238467	4	3	18,612	0.85	15,738
863	Pix9	1.858562	4	3	11,305	0.80	9,058
864 Blood Infections With HIV		0.413064	1		2,374	0.64	1,527
864	Pix9	0.427393	1		2,374	0.64	1,527
865 Lymphoma With HIV		3.468433	3	2	21,016	0.47	9,874
865	Pix9	3.273878	3	2	21,016	0.47	9,874
866 Psychosocial Conditions With HIV		1.247685	2	1	7,194	0.75	5,397
866	Pix9	1.201017	2	1	7,194	0.75	5,397
867 Other Conditions Associated With HIV		1.301056	3	2	7,090	0.51	3,642
867	Pix9	1.169193	3	2	6,835	0.58	3,957
868 Miscellaneous Conditions With HIV		0.784201	20	10	4,509	0.69	3,130
868	Pix9	0.741323	20	10	4,509	0.69	3,130
880 Amputation Of Lower Limb Except Toe With Major Vascular Surgery		5.879749	24	22	29,742	0.58	17,188
880	Pix1	3.185757	4	3	15,603	0.44	6,916
880	Pix2	5.483242	3	3	29,178	0.19	5,612
880	Pix3	5.131835	3	3	28,112	0.28	7,771
880	Pix4	6.081300	14	13	33,632	0.62	20,933
881 Amputation Of Lower Limb Except Toe		3.290840	235	181	17,559	0.82	14,482
881	Pix1	2.036183	82	62	11,128	0.58	6,404
881	Pix2	2.000289	54	39	11,093	0.53	5,910

Schedule 3 -- Inpatient Statistical Background

CNA Code Description	Complexity Level	SWR	Activity	Costed Cases	2001/2002		Coefficient Cost Variation	Standard Deviation	T-Test Point
					Average	Blended			
881	Pix3	3.438094	35	28	19,973		0.83	16,601	118
881	Pix4	5.392034	64	55	31,432		0.67	21,040	149
882		4.191800	34	33	20,793		0.69	14,380	74
882	Pix1	2.287434	12	10	11,793		0.54	6,377	33
882	Pix2	1.986818	5	5	10,222		0.34	3,500	34
882	Pix3	3.449758	6	6	18,388		0.66	12,176	56
882	Pix4	5.860004	11	11	31,907		0.60	19,220	118
883		2.366635	140	81	12,489		0.85	10,655	64
883	Pix1	1.435836	56	28	7,391		0.83	6,110	45
883	Pix2	1.669025	35	18	9,459		0.60	5,670	48
883	Pix3	2.642032	28	18	15,215		0.77	11,694	76
883	Pix4	4.470762	21	15	26,389		0.81	21,422	119
884		1.290658	71	42	6,642		1.08	7,205	42
884	Pix1	0.760443	47	28	4,159		0.87	3,630	29
884	Pix2	2.095579	6	4	11,388		1.22	13,947	37
884	Pix3	1.681951	12	6	9,521		0.86	8,211	72
884	Pix4	3.627216	6	3	19,883		0.71	14,146	154
885		3.236092	341	293	15,793		0.62	9,791	28
885	Pix1	1.946541	110	95	10,192		0.37	3,745	16
885	Pix2	2.177114	55	44	11,481		0.35	3,983	18
885	Pix3	2.818516	49	46	14,642		0.39	5,755	31
885	Pix4	4.696898	127	113	24,981		0.58	14,392	45
887		2.354895	408	351	11,495		0.76	8,781	23
887	Pix1	1.494110	240	201	7,704		0.38	2,910	16
887	Pix2	2.220228	49	45	11,709		0.43	5,004	24
887	Pix3	2.520982	51	47	13,122		0.43	5,643	27
887	Pix4	4.949805	68	64	26,616		0.65	17,238	46
890		2.562044	63	53	13,176		0.94	12,404	34
890	Pix1	1.290628	24	21	7,040		0.64	4,524	21
890	Pix2	1.861773	6	3	10,587		0.84	8,887	28

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SHRV	Activity	2001/2002		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
890		Pk3	2,462,181	15	13	13,725	0.50	6,823	27
890		Pk4	3,850,542	18	15	21,745	0.83	18,029	54
891	Vascular Repair		2,211,595	197	177	10,853	0.73	7,932	24
891		Pk1	1,637,670	113	101	8,697	0.69	5,972	18
891		Pk2	1,709,483	36	33	9,062	0.57	5,172	22
891		Pk3	2,806,544	27	25	14,780	0.58	8,632	28
891		Pk4	4,211,547	21	20	22,872	0.57	13,125	53
892	Other Vascular Procedures		1,242,632	87	49	6,440	0.57	3,698	16
892		Pk1	1,047,790	70	36	5,899	0.61	3,589	10
892		Pk2	1,447,672	9	7	7,891	0.91	7,143	20
892		Pk3	1,397,168	6	4	8,134	0.34	2,748	24
892		Pk4	1,333,120	2	1	6,885	0.36	2,491	27
893	Vein Ligation And Stripping (MNRH)		0,425,726	289	26	1,691	0.55	925	1
893		Pk1	0,385,851	286	26	1,691	0.55	925	1
893		Pk2	0,326,771	1		1,749	0.09	165	3
893		Pk3	0,385,851	2					4
893		Pk4							
895	Deep Vein Thrombophlebitis		0,765,138	748	273	3,912	0.76	2,986	19
895		Pk1	0,609,887	550	177	3,275	0.73	2,382	18
895		Pk2	0,708,610	117	65	4,025	0.55	2,225	22
895		Pk3	1,105,119	60	26	6,264	0.60	3,730	32
895		Pk4	2,315,123	21	9	13,632	0.79	10,814	69
898	Peripheral Vascular Disease		0,776,649	502	230	3,875	0.79	3,064	20
898		Pk1	0,608,503	349	152	3,266	0.77	2,518	19
898		Pk2	0,995,586	80	48	5,349	0.81	4,307	33
898		Pk3	1,145,064	49	22	6,257	0.78	4,900	47
898		Pk4	1,714,674	24	15	9,749	0.77	7,545	50
900	Extensive Unrelated O.R. Procedures		4,264,366	278	216	23,674	0.93	22,055	82
900		Pk1	1,929,220	91	67	11,722	0.86	10,066	33
900		Pk2	2,640,085	32	26	15,542	1.09	16,972	46

Schedule 3 -- Inpatient Statistical Background

CIC6 Code	Description	Complexity Level	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SVRW	Activity	Costed Cases			
900		Pix3	3,744,707	32	26	21,861	0.72	15,837
900		Pix4	6,515,115	123	100	38,812	0.78	30,458
901	Non-Extensive Unrelated O.R. Procedures		2,912,224	645	460	16,187	1.38	22,323
901		Pix1	1,113,187	330	226	6,595	0.91	5,985
901		Pix2	2,365,000	87	62	14,101	0.89	12,554
901		Pix3	2,620,735	74	53	15,507	0.62	9,564
901		Pix4	7,641,002	154	125	46,200	1.01	46,629
902	Post-Operative Complications With Unrelated O.R. Procedures		2,184,040	138	105	11,465	1.06	12,125
902		Pix1	0,918,538	56	46	5,600	0.62	3,495
902		Pix2	2,107,185	23	17	11,720	0.89	10,383
902		Pix3	2,355,610	18	12	12,385	0.76	9,411
902		Pix4	4,656,651	41	30	24,625	0.66	16,361
906	Unrelated O.R. Procedures (MNRH)		1,824,581	147	88	8,651	1.02	8,859
906		Pix1	1,042,867	99	53	5,791	0.74	4,291
906		Pix2	1,388,943	15	11	8,424	0.71	5,941
906		Pix3	2,235,087	19	15	13,704	0.76	10,442
906		Pix4	5,201,630	14	9	28,913	0.75	21,649
908	Other Major Procedures For Gynecological Malignancy		1,250,769	4	3	6,954	0.56	3,862
908		Pix1	0,740,901	3	2	4,464	0.31	1,383
908		Pix2	1,038,506			5,701	0.13	730
908		Pix3	6,946,395	1		38,841	0.00	0
908		Pix4						80
909	Obsolete Psychiatric Diagnoses (MNRH)		0,706,050	663	204	3,650	0.80	2,912
909		Pix9	0,656,335	663	204	3,650	0.80	2,912
910	Diagnosis Not Generally Hospitalized		0,581,173	242	58	3,574	2.16	7,728
910		Pix9	0,549,217	242	58	3,574	2.16	7,728
912	Obstetric Codes Invalid As Most Responsible Diagnosis		0,559,185	15	3	2,300	0.72	1,649
912		Pix9	0,517,279	15	3	2,300	0.72	1,649
997	Stillbirths		0,235,478	250	1	1,309	0.76	994

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2001/2002			Coefficient Cost of Variation	Standard Deviation	Trim Point
				Activity	Costed Cases	Blended Average Cost			
997		Plx9	0.294031	250	1	1,549	0.64	992	
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		0.545389	6	4	3,167	0.78	2,478	8
998		Plx9	0.529917	6	4	3,167	0.78	2,478	8
999	Ungroupable Data		0.285769	73	13	1,738	0.40	700	7
999		Plx9	0.271514	73	13	1,738	0.40	700	7

Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
Calls requiring Top-Up when processing by CMG						
550	Major Pelvic And Retroperitoneum Procedures		1			1
605	Fetal Surgery		1	1		2
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		1	1		2
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		1			1
863	Ophthalmic Disorders With HIV		1			1
864	Blood Infections With HIV		1	3		4
867	Other Conditions Associated With HIV		1			1
912	Obstetric Codes Invalid As Most Responsible Diagnosis		1			1
997	Stillbirths			4		4
Calls requiring Top-Up when processing by CMG-complexity						
005	PWS - Ventricular Shunt Revision	Pix4	1	1		2
006	Carpal Tunnel Release And Specified Nervous System Procedures	Pix2		1		1
018	Viral Meningitis	Pix4		2		2
020	Hypertensive Encephalopathy	Pix1	2			2
020	Hypertensive Encephalopathy	Pix2		1	2	3
050	Orbital Procedures	Pix3		2	1	3
051	Other Intraocular Procedures	Pix3			1	1
052	Retinal Procedures	Pix2	1			1
052	Retinal Procedures	Pix3	1	1	1	3
052	Retinal Procedures	Pix4		1	1	2
054	Extraocular Procedures	Pix2	1		1	2
054	Extraocular Procedures	Pix3			1	1
057	Other Ophthalmic Procedures (MNRH)	Pix2	1	1		2
057	Other Ophthalmic Procedures (MNRH)	Pix4	1			1
060	Major Eye Infections	Pix2	1		1	2
060	Major Eye Infections	Pix3		1		1
060	Major Eye Infections	Pix4		1	1	2
063	Other Ophthalmic Diagnoses (MNRH)	Pix3		1		1
063	Other Ophthalmic Diagnoses (MNRH)	Pix4	1	1		2
077	Less Extensive Head And Neck Procedures	Pix3	3	1		4

Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
078	Cleft Lip And Palate Repair	Plx2	2			2
078	Cleft Lip And Palate Repair	Plx3		2	1	3
081	Salivary Gland Procedures	Plx3	3			3
082	Minor Ear, Nose And Throat Procedures	Plx2	2	1		3
082	Minor Ear, Nose And Throat Procedures	Plx3		1		1
083	Reconstructive ENT Procedures	Plx3	2		1	3
084	Miscellaneous Ear, Nose And Throat Procedures	Plx2	2			2
084	Miscellaneous Ear, Nose And Throat Procedures	Plx4	2	1		3
086	Other Tonsillar Procedures	Plx2	2			2
086	Other Tonsillar Procedures	Plx3		1		1
087	Sinus Procedures	Plx4		1	2	3
088	Ethmoidectomy (MNRH)	Plx2		2		2
088	Ethmoidectomy (MNRH)	Plx3		1	1	2
089	Dental Extraction Or Restoration (MNRH)	Plx3		1	1	3
090	External And Middle Ear Procedures (MNRH)	Plx2		1		1
091	Nasal Procedures (MNRH)	Plx2	1			1
092	Myringotomy (MNRH)	Plx2		2	1	3
092	Myringotomy (MNRH)	Plx3			1	1
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)	Plx3	1			2
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)	Plx4		1		1
101	Acute Suppurative Infections	Plx2	1	2		3
101	Acute Suppurative Infections	Plx3	1	1		2
101	Acute Suppurative Infections	Plx4	1	1		2
102	Dysequilibrium	Plx3	1	1		2
102	Dysequilibrium	Plx4		2		2
107	Epiglottitis	Plx2			1	1
107	Epiglottitis	Plx4		1		1
108	Epistaxis	Plx4		1		1
113	Sinusitis (MNRH)	Plx2	1			1
113	Sinusitis (MNRH)	Plx3	2	1	2	5
113	Sinusitis (MNRH)	Plx4	1	2		3
114	Sore Throat (MNRH)	Plx4	1	1		2

Schedule 4 -- Inpatient Top-Up by Source

CMC Code	Description	Complexity Level	Alberta Cases Used as Top-Up				Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	1996/1997	
116	Croup (MNRH)	Pix4			1		1
125	Tracheostomy	Pix2	4				4
135	Tuberculosis	Pix4	1				1
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath	Pix1	1				1
193	Cardiac Pacemaker Device Replacement Or Revision	Pix4		2			2
202	AMI With Cardiac Cath With Ventricular Tachycardia	Pix2	1		1		2
202	AMI With Cardiac Cath With Ventricular Tachycardia	Pix3			1		1
202	AMI With Cardiac Cath With Ventricular Tachycardia	Pix4	2				2
203	AMI With Cardiac Cath With Angina	Pix3	1	1			2
203	AMI With Cardiac Cath With Angina	Pix4	2				2
207	AMI Without Cardiac Cath With Angina	Pix3		1			1
207	AMI Without Cardiac Cath With Angina	Pix4			2		2
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions	Pix3	1				1
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions	Pix3			1		1
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions	Pix4			1		1
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions	Pix3		2			2
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions	Pix4	2	2	1		5
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions	Pix3	2				2
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions	Pix4	1				1
217	Cardiac Cath With Unstable Angina	Pix4	2				2
232	Acquired Valvular Disorders (MNRH)	Pix4		1	1		2
235	Angina Pectoris	Pix4		1			1
242	Chest Pain	Pix4	2				2
264	Minor Gastrointestinal Procedures	Pix4	1	2			3
265	Abdominal Laparoscopy	Pix2	2		2		4
265	Abdominal Laparoscopy	Pix3	2				2
265	Abdominal Laparoscopy	Pix4	2	1			3
286	Uncomplicated Ulcer	Pix4	1				1
359	Upper Extremity Procedures With Infection	Pix2	2				2
359	Upper Extremity Procedures With Infection	Pix3			1		1
360	Upper Extremity Amputations And Revisions	Pix3	1				1
361	Musculoskeletal Biopsy For Malignancy	Pix3		1			1

Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
367	Shoulder Arthroplasty	Pix3		1		1
368	Major Hip And Knee Procedures	Pix3		1	2	3
372	Major Upper Extremity Procedures	Pix3		2		2
372	Major Upper Extremity Procedures	Pix4	1	2		3
375	Minor Upper Extremity Procedures	Pix3	3	1		4
375	Minor Upper Extremity Procedures	Pix4		2		2
378	Soft Tissue Procedures (MNRH)	Pix3	2		1	3
378	Soft Tissue Procedures (MNRH)	Pix4			1	1
379	Other Musculoskeletal Procedures (MNRH)	Pix3	1			1
379	Other Musculoskeletal Procedures (MNRH)	Pix4		1		1
380	Other Lower Extremity Procedures (MNRH)	Pix3		1		1
381	Hand And Wrist Procedures (MNRH)	Pix2	1	2		3
382	Arthroscopy (MNRH)	Pix2	2			2
383	PWS - Joint Replacement For Malignancy	Pix3	1	1		2
383	PWS - Joint Replacement For Malignancy	Pix4	1			1
385	PWS - Major Orthopaedic Oncology Procedures	Pix3	1		1	2
386	Other Orthopaedic Oncology Procedures	Pix3	1			1
407	Other Musculoskeletal Disorders	Pix3	1		1	2
407	Other Musculoskeletal Disorders	Pix4		1		1
413	Joint Derangements (MNRH)	Pix2	1			1
413	Joint Derangements (MNRH)	Pix3		2		2
414	Sprains Strains And Minor Injuries (MNRH)	Pix2	1	1		2
414	Sprains Strains And Minor Injuries (MNRH)	Pix3		2		2
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy	Pix4	1			1
429	Total Mastectomy For Breast Malignancy	Pix4	1			1
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy	Pix3		2		2
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy	Pix4	2			2
434	Breast Biopsy And Local Excision Without Malignancy	Pix2		3		3
435	Perianal And Pilonidal Cyst Procedures	Pix3			1	1
436	Plastic Surgery	Pix2		1		2
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis	Pix3	1			1
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis	Pix4	1	1		2

Schedule 4 -- Inpatient Top-Up by Source

CME Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1998/2000	1998/1999	1997/1998	
440	Major Skin Disorders	Pix4	1			1
443	Malignant Breast Disorders	Pix4	1			1
452	Trauma Of Skin, Subcutaneous Tissue And Breast	Pix2	1	3		4
452	Trauma Of Skin, Subcutaneous Tissue And Breast	Pix3	2			2
452	Trauma Of Skin, Subcutaneous Tissue And Breast	Pix4			1	1
478	Obesity Procedures	Pix2	1			1
478	Obesity Procedures	Pix3		2	1	3
478	Obesity Procedures	Pix4	1			1
505	Reconstructive Urological Procedures	Pix3	2			2
506	Open Prostatectomy	Pix3	1	1		2
506	Open Prostatectomy	Pix4			1	1
507	Vascular And Other Urinary Procedures	Pix2	3			3
509	Minor Lower Urinary Tract Procedures	Pix3	1			1
509	Minor Lower Urinary Tract Procedures	Pix4			1	1
514	Miscellaneous Urinary Tract Procedures (MNRH)	Pix2		1		1
514	Miscellaneous Urinary Tract Procedures (MNRH)	Pix3			1	1
524	Nephrotic Syndrome	Pix4	1			1
526	Miscellaneous Nephrological Diagnosis	Pix4	1			1
532	Urinary Retention And Other Functional Disorders Of Bladder	Pix3	1	2		3
532	Urinary Retention And Other Functional Disorders Of Bladder	Pix4		2		2
535	Hematuria (MNRH)	Pix3	1	1		2
535	Hematuria (MNRH)	Pix4			1	1
550	Major Pelvic And Retroperitoneum Procedures	Pix1		1		1
551	Penis Procedures	Pix4		1		1
552	Testes Procedures	Pix2	1			1
552	Testes Procedures	Pix3		1		1
552	Testes Procedures	Pix4	1		2	3
554	Miscellaneous Male Reproductive System Procedures (MNRH)	Pix2		2		2
554	Miscellaneous Male Reproductive System Procedures (MNRH)	Pix3		2		2
555	Circumcision (MNRH)	Pix2			1	1
560	Malignancy Of Male Reproductive Organ	Pix1	1			1
561	Male Reproductive System Inflammation	Pix3	1			1

Schedule 4 -- Inpatient Top-Up by Source

CHG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
561	Male Reproductive System Inflammation	Pix4	1	1	1	2
562	Other Male Reproductive System Diagnoses	Pix2		1	1	2
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)	Pix2			1	1
575	Pelvic Exenteration	Pix2	1	2		3
582	Other Gynecological Procedures	Pix3	1	1		2
582	Other Gynecological Procedures	Pix4	2			2
583	Radio-Implant For Malignancy	Pix3		1	1	2
584	Vagina, Cervix And Vulva Procedures	Pix3			3	3
585	Gynecological Laparoscopy (MNRH)	Pix2		2	2	4
585	Gynecological Laparoscopy (MNRH)	Pix3		3		3
587	Miscellaneous Gynecological Procedures (MNRH)	Pix2	2			2
587	Miscellaneous Gynecological Procedures (MNRH)	Pix3		1		1
594	Female Reproductive System Infection	Pix2	1			1
594	Female Reproductive System Infection	Pix3		2		2
595	Other Female Reproductive System Diagnoses And Injuries	Pix2			1	1
596	Miscellaneous Gynecological Diagnoses (MNRH)	Pix4		2		2
605	Fetal Surgery	Pix9	1	1		2
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma	Pix9	1	1		2
652	PWS - Intracranial Procedures With Femur Procedures For Trauma	Pix9	1			1
665	PWS - Elevated Skull Fractures	Pix3	1	1		2
665	PWS - Elevated Skull Fractures	Pix4	1			1
667	Minor Lower Extremity Procedures For Trauma	Pix2	2			2
681	Frostbite	Pix2	1			1
681	Frostbite	Pix3			1	1
684	Fracture Of Humerus	Pix4		1		1
685	Hip And Thigh Injuries	Pix2	1			1
685	Hip And Thigh Injuries	Pix4	1	1	1	3
686	Major Nerve Injuries	Pix1	1			1
686	Major Nerve Injuries	Pix2	1			1
686	Major Nerve Injuries	Pix3	1			1
689	Genito-Urinary Injuries	Pix4	1			1
691	Minor Lower Extremity Fractures	Pix2		1		1

Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
692	Wounds	Pix4	1	1		2
693	Amputations Or Vascular And Other Nerve Injuries	Pix2	3	1		4
694	Facial Injuries	Pix3	1			1
694	Facial Injuries	Pix4		1		1
805	MNRH Procedures For Injury Or Complication Of Treatment	Pix3	1	1		2
805	MNRH Procedures For Injury Or Complication Of Treatment	Pix4	1			1
811	Allergic Reaction	Pix3	4			4
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures	Pix2	1			1
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures	Pix4	1			1
849	Multiple Or Unspecified Congenital Anomalies	Pix1		2	2	4
849	Multiple Or Unspecified Congenital Anomalies	Pix3	1			1
849	Multiple Or Unspecified Congenital Anomalies	Pix4	2			2
852	Procedures Cancelled (MNRH)	Pix4	1	2		3
863	Ophthalmic Disorders With HIV	Pix9	1			1
864	Blood Infections With HIV	Pix9	1	3		4
867	Other Conditions Associated With HIV	Pix9	1			1
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery	Pix1		1		1
884	Other Amputations Including Toe	Pix4	1			1
893	Vein Ligation And Stripping (MNRH)	Pix2		1	2	3
908	Other Major Procedures For Gynecological Malignancy	Pix1	1			1
908	Other Major Procedures For Gynecological Malignancy	Pix2	1		1	2
908	Other Major Procedures For Gynecological Malignancy	Pix3	1			1
912	Obstetric Codes Invalid As Most Responsible Diagnosis	Pix9	1			1
997	Stillbirths	Pix9		4		4

Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1.1	Nerve & Other, Local Anaesthetic	82	41	123	2,248
1.2	Nerve & Other, General Anaesthetic	854	424	1,278	641
1.3	Nerve & Other, Other Anaesthetic	479	230	709	135
1.4	Nerve & Other, No Anaesthetic	380	232	612	510
2	Spinal	300	112	412	2,107
3	Nerve Injection	59	31	89	3,376
4	Orbital & Other Eye	605	218	823	3,966
5	Lens Interventions	441	164	605	4,608
6	Iris & Other Eye	164	73	237	390
7	Strabismus	925	380	1,305	1,370
8	External Eye	182	48	230	9,872
9	Bronch/Pharynx	710	320	1,030	127
10	Tympanoplasty	813	430	1,242	607
11	Sinus Interventions	906	443	1,349	1,329
12	Other Sinus	658	311	969	1,693
13	Tonsils & Adenoids 12+ years	618	284	902	1,103
13.1	Tonsils & Adenoids 0 < 6 years	777	298	1,074	1,043
13.2	Tonsils & Adenoids 6 < 12 years	771	305	1,076	1,342
14	Nasal Interventions	300	162	462	1,895
15	Other Respiratory	377	193	570	72
16	External Ear 18+ years	159	88	248	200
16.1	External Ear 0 < 1.5 years	417	142	559	611
16.2	External Ear 1.5 < 6 years	401	147	548	1,497
16.3	External Ear 6 < 12 years	402	163	566	672
16.4	External Ear 12 < 18 years	399	167	566	91
17	Respiratory Endoscopy - ENT	368	161	529	4,076
18	Pacemaker Implant	6,087	630	6,717	455
19	Cardiac Catheter 18+ years	1,413	399	1,813	6,141
19.1	Cardiac Catheter 0 < 6 years	3,730	787	4,517	223
19.2	Cardiac Catheter 6 < 18 years	3,177	736	3,912	268
20	Angiography 18+ years	979	320	1,299	3,236
20.1	Angiography 0 < 6 years	1,261	339	1,600	6

Schedule 5 – Ambulatory Care Cost Results

ACCHS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
20.2	Angiography 6 < 12 years	952	260	1,213	10
20.3	Angiography 12 < 18 years	1,102	320	1,422	25
21	Vascular Interventions 18 + years	782	374	1,156	1,137
21.1	Vascular Interventions 0 < 18 years	1,255	344	1,598	74
22	Other Vascular Interventions	666	303	969	1,186
23.1	Lymphatic Interventions, Local Anaesthetic	137	62	199	269
23.2	Lymphatic Interventions, General Anaesthetic	962	446	1,408	450
23.3	Lymphatic Interventions, Other Anaesthetic	647	255	901	67
23.4	Lymphatic Interventions, No Anaesthetic	547	306	854	128
24	Minor Vascular	504	163	668	1,001
25	Cholecystectomy	937	476	1,413	3,539
26	Hernia	815	367	1,182	5,500
27	ERCP	527	208	736	2,015
28.1	Endoscopy GI - Low	131	55	186	4,223
28.2	Endoscopy GI - Medium	230	94	324	41,082
28.3	Endoscopy GI - High	246	104	351	5,013
29.1	Ano-Rectal Interventions, Local Anaesthetic	78	39	117	67
29.2	Ano-Rectal Interventions, General Anaesthetic	584	262	846	589
29.3	Ano-Rectal Interventions, Other Anaesthetic	259	95	354	901
29.4	Ano-Rectal Interventions, No Anaesthetic	288	163	451	461
30.1	Minor Anal Interventions, Local Anaesthetic	71	37	108	131
30.2	Minor Anal Interventions, General Anaesthetic	695	240	935	190
30.3	Minor Anal Interventions, Other Anaesthetic	213	84	297	236
30.4	Minor Anal Interventions, No Anaesthetic	141	61	202	2,143
31	Mechanical Implants	975	531	1,507	59
32	Lithotripsy	566	229	795	3,519
33	Upper Urinary Interventions	453	198	652	2,395
34.1	Lower Uri & Genital	712	308	1,020	1,399
34.2	Reconstruction, Vas Deferens	1,259	687	1,945	41
35.1	Bladder & Urethral Interventions, Local Anaesthetic	143	60	204	16,581
35.2	Bladder & Urethral Interventions, General Anaesthetic	585	215	800	2,095
35.3	Bladder & Urethral Interventions, Other Anaesthetic	387	184	571	775

Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
35.4	Bladder & Urethral Interventions, No Anaesthetic	188	121	309	10,210
36.1	Vasectomy	177	102	279	2,276
36.2	Other Male Genital Interventions	670	278	948	1,105
37	Circumcision 18+ years	543	247	789	389
37.1	Circumcision 0 < 1.5 years	167	71	238	1,676
37.2	Circumcision 1.5 < 6 years	586	202	789	330
37.3	Circumcision 6 < 12 years	608	211	819	263
37.4	Circumcision 12 < 18 years	622	227	849	95
38	Uro Diagnostic Interventions	135	59	194	4,822
39	Uterus & Adnexal Intervention	724	376	1,100	3,721
40	Endo & Gyn Interventions	449	233	683	4,701
41	Minor Gyn Interventions	126	50	176	7,621
42	Evacuations	255	167	422	6,510
43	Maxillo-Facial	955	439	1,394	238
44	Chest Wall Interventions	647	282	929	553
45.1	Upper Extremity Interventions	891	478	1,369	836
45.2	Shoulder Interventions	1,147	520	1,667	726
46	Open Reductions	675	364	1,038	1,455
47	Tendon & Muscle Interventions	620	343	963	1,572
48	Closed Reductions	255	96	351	2,676
49	Lower Extremity	618	299	917	720
50	Knee Interventions	637	338	975	6,026
51	Ankle & Foot	662	370	1,033	546
52.1	Remove Int Fixation, Lower Extremity	622	316	938	787
52.2	Other Removal, Int Fixation	204	88	292	1,535
53	Soft Tissue Interventions	287	140	427	2,635
54	Manipulations	97	40	136	20,673
55	Mastectomy	433	197	630	2,243
56.1	Augment/Reduc Breast Bilateral	1,114	639	1,753	1,058
56.2	Augment/Reduc Breast Unilateral	915	492	1,407	392
57	Breast Plastic Interventions	317	159	476	148
58.1	Ear & Cleft Lip Reconstruction	876	402	1,277	480

Schedule 5 -- Ambulatory Care Cost Results

ADCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
58.2	Face Rhytidectomy	2,229	1,277	3,506	15
58.3	Other Plastic Reconstruction	241	121	362	737
59.1	Skin Interventions, Local Anaesthetic	85	41	126	11,487
59.2	Skin Interventions, General Anaesthetic	722	291	1,012	1,723
59.3	Skin Interventions, Other Anaesthetic	178	67	245	1,140
59.4	Skin Interventions, No Anaesthetic	114	56	170	10,499
60	Dental Surgery	874	336	1,210	2,699
61.1	Biopsy, Other	446	145	591	1,426
61.2	Biopsy, Percutaneous	372	146	518	6,023
62	Hemodialysis	213	93	305	138,214
62.1	Home Hemodialysis Teaching	1,041	710	1,751	5
62.2	Selfcare Hemodialysis			168	1
63	Transfusions	291	133	423	9,263
64	Cardioversion	582	314	896	590
65	Chemotherapy Oncology	133	89	223	1,375
66	Myelogram	340	114	454	356
68	Thyroid Interventions	987	519	1,505	58
69	Parotid Duct Interventions	1,078	566	1,644	99
70	Appendectomy	1,267	655	1,922	38
71	Gastro-Intestinal Related Interventions	171	49	220	4,330
72	Peritoneal Dialysis	387	66	453	1,209
72.1	Home Peritoneal Dialysis Teaching	117	20	136	4,737
73	Hos Visit Including Diagnostic Investigation of vascular Sys	205	75	281	5
74	Hospital Visit Including Nuclear Imaging	487	120	606	19,066
75	Hospital Visit Including CAT Scan	276	68	344	71,328
76	Hospital Visit Including MRI	450	107	557	27,782
77	Hospital Visit Radiotherapy	210	57	268	1
78	Chest Xray	61	26	87	24,051
79	Other Xray	77	31	108	53,399
80	Mammogram	101	54	155	1,714
81	Ultrasound	187	49	236	31,277
82.1	Extensive Sleep Studies	826	243	1,069	2,231

Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
82.2	Other Sleep Labs	335	90	425	179
201	Diag Inv General Cardiac 0 < 12 years	185	46	230	494
203	Diag Inv General Cardiac 12 < 18 years	195	50	246	246
205	Diag Inv General Cardiac 18+ years	176	42	218	12,859
206	Management General Cardiac 0 < 1.5 years	79	22	101	384
207	Management General Cardiac 1.5 < 12 years	81	20	101	1,178
208	Management General Cardiac 12 < 18 years	73	19	92	627
210	Management General Cardiac 18+ years	67	19	87	50,698
213	Dysrhythmia & Conductive Disorders	167	65	232	7,465
214	Congestive Heart Failure	95	32	126	4,491
215	Inflammatory Cardiac	99	43	142	179
216	Congenital Heart Disease	203	52	255	4,073
217	Diag Inv Angina	230	65	295	3,023
218	Management Angina	44	16	60	21,010
219	Diag Inv Vascular	264	85	350	757
220	Management Vascular	69	26	95	3,611
251	Diag Inv General Endocrinal 0 < 18 years	197	53	250	279
254	Diag Inv General Endocrinal 18+ years	228	81	309	83
255	Management General Endocrinal 0 < 1.5 years	75	29	103	329
256	Management General Endocrinal 1.5 < 6 years	56	24	79	518
257	Management General Endocrinal 6 < 18 years	61	22	83	993
258	Management General Endocrinal 18+ years	74	37	111	7,120
259	Management Diabetes < 18 years	128	100	228	3,648
260	Management Diabetes 18+ years	63	37	100	32,222
262	Thyroiditis	87	35	122	1,622
264	Management Ketoacidosis	285	117	402	40
266	Fluid & Electrolyte < 6 years	217	81	298	424
267	Fluid & Electrolyte 6+ years	146	63	209	3,874
301	Diag Inv General ENT	151	54	205	3,072
303	Management General ENT	84	33	117	33,011
305	Otitis Media	60	23	84	10,588
306	Epistaxis	82	34	115	821

Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
351	Diag Inv General Female Genital Disorders < 45 years	323	111	434	277
352	Diag Inv General Female Genital Disorders 45 + years	147	61	207	128
353	Management General Female Genital Disorders < 18 years	73	27	100	649
354	Management General Female Genital Disorders 18 < 45 years	47	15	62	11,447
355	Management General Female Genital Disorders 45 + years	52	22	74	6,411
356	Management Contraceptive	43	17	60	3,842
357	Diag Inv General Male Genital Disorders < 18 years	272	88	360	120
358	Diag Inv General Male Genital Disorders 18 + years	284	99	382	115
359	Management General Male Genital Disorders < 18 years	68	27	95	900
360	Management General Male Genital Disorders 18 + years	39	16	55	3,544
361	Diag Inv Other Genitouriological Disorders < 18 years	262	81	343	386
362	Diag Inv Other Genitouriological Disorders 18 + years	223	79	302	1,650
363	Management Other Genitouriological Disorders < 18 years	85	31	116	4,652
364	Management Other Genitouriological Disorders 18 + years	71	25	96	23,103
400	Diag Inv General Gastrointestinal 0 < 1.5 years	213	72	285	526
401	Diag Inv General Gastrointestinal 1.5 < 6 years	171	56	227	672
402	Diag Inv General Gastrointestinal 6 < 18 years	213	68	281	1,564
403	Diag Inv General Gastrointestinal 18 < 45 years	317	113	430	1,815
404	Diag Inv General Gastrointestinal 45 < 65 years	307	110	418	1,012
405	Diag Inv General Gastrointestinal 65 + years	311	111	422	775
406	Management General Gastrointestinal 0 < 1.5 years	74	29	103	6,418
407	Management General Gastrointestinal 1.5 < 6 years	75	29	104	5,885
408	Management General Gastrointestinal 6 < 18 years	73	28	101	7,382
409	Management General Gastrointestinal 18 < 45 years	70	29	99	14,000
410	Management General Gastrointestinal 45 < 65 years	66	26	92	9,777
411	Management General Gastrointestinal 65 + years	70	27	97	4,888
412	Constipation with Disimpaction	230	87	317	421
413	GI Bleed / Perforation / Obstruction	123	47	170	1,468
451	Diag Inv Hematological	261	82	342	676
452	Management Hematological 0 < 6 years	151	51	202	1,076
453	Management Hematological 6 < 12 years	202	67	270	700

Schedule 5 -- Ambulatory Care Cost Results

AGCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Covered Cases
454	Management Hematological 12 < 18 years	168	62	230	917
455	Management Hematological 18 < 65 years	116	56	172	10,118
456	Management Hematological 65 + years	100	46	146	3,361
501	Diag Inv Hepatobiliary	334	116	450	506
502	Management Hepatobiliary	58	20	78	7,853
551	Diag Inv Infram Musculoskeletal 0 < 6 years	271	83	354	19
553	Diag Inv Infram Musculoskeletal 6 < 12 years	197	61	258	56
554	Diag Inv Infram Musculoskeletal 12 < 18 years	224	61	286	86
555	Diag Inv Infram Musculoskeletal 18 + years	183	56	239	2,287
556	Diag Inv Other Musculoskeletal < 18 years	104	31	135	7,449
557	Diag Inv Other Musculoskeletal 18 + years	107	37	144	36,789
558	Management Infram Musculoskeletal 0 < 6 years	76	27	103	150
560	Management Infram Musculoskeletal 6 < 12 years	74	23	97	319
561	Management Infram Musculoskeletal 12 < 18 years	66	21	87	371
562	Management Infram Musculoskeletal 18 + years	45	20	65	23,145
563	Management Other Musculoskeletal < 18 years	37	14	51	6,986
564	Management Other Musculoskeletal 18 + years	25	12	37	51,332
565	Diag Inv Congenital Musculoskeletal Deformities	169	51	220	107
566	Management Congenital Musculoskeletal Deformities	80	28	108	775
567	Diag Inv Other Infram Musculoskeletal	142	50	192	535
568	Management Other Infram Musculoskeletal	35	15	51	3,749
569	Infectious Musculoskeletal	66	25	91	1,866
601	Diag Inv General Neurology	209	60	268	920
602	Management General Neurology 0 < 6 years	103	32	134	1,918
603	Management General Neurology 6 < 12 years	108	30	138	1,503
604	Management General Neurology 12 < 18 years	82	31	113	790
605	Management General Neurology 18 < 65 years	72	31	104	10,949
606	Management General Neurology 65 + years	89	28	118	3,266
607	Migraine Headache	72	32	103	4,631
608	Diag Inv Headache	159	62	221	142
609	Management Headache	68	30	98	3,265
610	Diag Inv Meningitis	291	119	410	6

Schedule 5 -- Ambulatory Care Cost Results

ABCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
611	Management Meningitis	88	35	122	234
612	Diag Inv Cerebrovascular	265	84	349	480
613	Management Cerebrovascular	135	52	187	4,058
614	Diag Inv Convulsions	155	38	193	1,202
615	Management Convulsions	80	26	106	6,840
616	Diag Inv Vertigo	230	82	313	98
617	Management Vertigo	113	41	154	1,920
651	Antepartum Routine	122	43	164	2,377
652	Postpartum Routine	119	46	165	297
653	Diag Inv Neonatal & Congenital	193	53	246	166
654	Management Neonatal & Congenital	110	39	149	1,738
656	Delivery with Postpartum Complications	110	42	151	5
657	Delivery without Postpartum Complications	61	32	93	5
658	Postpartum Conditions Outcomes Uncomplicated	72	32	103	990
659	Diag Inv Pregnancy with Abortive	409	140	549	65
660	Management Pregnancy with Abortive Outcomes Uncomp	164	71	235	190
662	Diag Inv Antepartum	243	78	321	5,555
663	Management Antepartum	56	27	83	22,807
664	Diag Inv Pregnancy with Abortive Outcomes Complica	509	169	677	10
665	Management Pregnancy with Abortive Outcomes Complic	146	61	207	24
701	Diag Inv Oncological	200	68	269	518
702	Management Oncological	79	46	124	4,005
703	Radiotherapy (includes diagnosis code V58.0)	76	34	111	7
704	IV Therapy -- Non Cancer Related	72	30	102	48,642
751	Diag Inv Ophthalmology 0 < 12 years	168	44	212	70
752	Diag Inv Ophthalmology 12 < 18 years	160	53	213	50
753	Diag Inv Ophthalmology 18 < 45 years	163	54	217	1,150
754	Diag Inv Ophthalmology 45 + years	154	56	210	8,379
755	Management Ophthalmology 0 < 12 years	56	23	79	7,830
756	Management Ophthalmology 12 < 18 years	52	24	76	1,725
757	Management Ophthalmology 18 < 45 years	52	26	78	8,660
758	Management Ophthalmology 45 + years	51	27	78	30,037

Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
801	Diag Inv Psychiatry	211	68	278	479
802	Management Psychiatry	71	26	97	96,717
803	Drug & Alcohol Related Conditions	118	45	164	3,818
851	Diag Inv General Respiratory < 18 years	164	60	224	4,274
852	Diag Inv General Respiratory 18 + years	207	78	284	5,814
853	Management General Respiratory 0 < 1.5 years	93	38	131	4,147
854	Management General Respiratory 1.5 < 6 years	95	38	133	6,597
855	Management General Respiratory 6 < 18 years	93	39	133	6,138
856	Management General Respiratory 18 < 65 years	81	35	116	9,190
857	Management General Respiratory 65 + years	110	48	158	3,966
863	Diag Inv Severe Respiratory Disease	240	81	320	581
864	Management Severe Respiratory Disease	182	66	248	1,799
901	Diag Inv Skin & Soft Tissue	125	47	171	4,462
902	Management Skin & Soft Tissue	49	26	75	49,183
906	Cellulitis	79	32	111	6,394
951	Diag Inv Systemic Infection	198	67	264	1,495
952	Management Systemic Infection < 18 years	79	30	109	9,849
953	Management Systemic Infection 18 < 45 years	81	33	114	1,011
954	Management Systemic Infection 45 + years	74	24	98	689
955	Diag Inv AIDS	243	51	294	168
956	Management AIDS	108	23	131	3,017
999	Ungroupable	84	25	109	73
1001	Open Fracture Fingers & Toes	139	61	200	83
1002	Closed Fracture Fingers & Toes	75	32	108	2,254
1003	Fractured Nose, Open & Closed	82	36	118	332
1004	Open Fracture & Dislocations Other	206	96	302	67
1005	Closed Fracture & Dislocations Other	133	51	184	9,436
1007	Open Wounds without Complications	75	32	107	5,941
1008	Open Wound with Complications	88	38	126	509
1009	Sprains	113	45	159	9,517
1010	Contusions Fingers/Toes	84	35	119	627
1011	Contusions except Fingers/Toes	123	48	171	5,658

Schedule 5 -- Ambulatory Care Cost Results

AGCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1012	Open Wound Eye	62	24	85	287
1013	Foreign Body Eyes, Ears, Nose	56	24	80	773
1014	Foreign Body except Eyes, Ears, Nose	121	44	165	951
1015	Diag Inv Poisoning	261	103	364	173
1016	Management Poisoning	148	60	208	2,061
1017	Amputation except Fingers/Toes	27	11	37	2
1018	Abuse/Sexual Assault 0 < 12 years	318	95	412	502
1019	Abuse/Sexual Assault 12+ years	284	93	378	171
1020	Burn Moderate to Severe	75	33	108	75
1021	Minor Other Injuries	94	39	133	10,925
1022	Moderate Other Injuries	423	171	594	1,494
1024	Comas	230	95	325	14
1025	Shock	143	58	201	211
1026	Open Spinal Fracture & Dislocation	301	141	442	2
1027	Closed Spinal Fracture & Dislocation	205	70	275	172
1028	Diag Inv Head Injury	206	69	275	301
1029	Management Head Injury	70	21	90	2,058
1030	Diag Inv Thoraco-Abdominal & Major Vascular	242	88	330	73
1031	Management Thoraco-Abdominal & Major Vascular	82	35	117	846
1032	Burn Minor 0 < 6 years	82	32	114	403
1033	Burn Minor 6+ years	74	34	108	856
1034	Diag Inv Major Other Injuries	204	69	273	38
1035	Management Major Other Injuries	200	52	252	252
1051	Assessment Referral	116	56	172	1,370
1052	Assessment Intake	133	38	172	5,203
1053	Assessment Collateral	108	35	143	398
1054	Legal Assessment Half Day			168	1
1055	Legal Assessment Full Day			168	1
1056	Assessment Specialized	158	38	195	435
1057	Individual Therapy	56	22	78	56,185
1058	Crisis/Intervention Calls Telephone Crisis Calls	41	25	66	2
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call			168	1

Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1060	Couple Therapy	155	49	205	189
1081	Family Therapy	138	49	187	525
1062	Group Therapy	29	12	41	57,983
1083	ECT	176	121	298	1,812
1064	Medication Administration	73	25	97	14,921
1065	Patient Specific Consultations/ Case Supervision	60	25	85	8,729
1066	Patient Specific Hearings			168	1
1087	Patient Specific Professional Reports and Applications			168	1
1068	Patient Specific Critical Incident Documentation			168	1
1089	Diagnostic Testing/ Scoring Testing Type 1	263	109	372	674
1070	Diagnostic Testing/ Scoring Testing Type 2	416	63	479	190
1071	Diagnostic Testing/ Scoring Testing Type 3	717	97	814	6
1072	Therapeutic Milieu Programs Half Day	24	5	29	1,153
1073	Therapeutic Milieu Programs Full Day			168	1
1074	Mental Health Education 0-120 min	41	23	65	242
1075	Mental Health Education 121-240 min				
1076	Mental Health Education 241-360 min				
1077	Mental Health Education 361-480 min				
1101	OT Group 1	20	4	24	55,602
1102	OT Group 2	49	9	58	40,065
1103	OT Group 3	76	14	90	7,037
1104	OT Group 4	120	25	145	23,881
1105	OT Group 5	170	46	217	1,471
1106	OT Group 6	296	80	377	573
1111	Physical Therapy Group 1	21	9	30	91,447
1112	Physical Therapy Group 2	42	13	55	66,712
1113	Physical Therapy Group 3	53	18	70	12,900
1114	Physical Therapy Group 4	91	24	115	23,671
1115	Physical Therapy Group 5	145	37	181	753
1116	Physical Therapy Group 6	197	52	248	168
1121	Recreational Therapy Group 1	14	2	16	16,261
1122	Recreational Therapy Group 2	32	7	39	5,944

Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Distant Cases
1123	Recreational Therapy Group 3	49	19	68	94
1124	Recreational Therapy Group 4	79	12	91	2,128
1125	Recreational Therapy Group 5	128	16	144	50
1126	Recreational Therapy Group 6	218	28	246	6
1131	Speech-Language Pathology Group 1	44	7	51	72,487
1132	Speech-Language Pathology Group 2	131	22	153	8,973
1133	Speech-Language Pathology Group 3	72	7	80	560
1134	Speech-Language Pathology Group 4	134	21	155	5,052
1135	Speech-Language Pathology Group 5	136	24	160	5,384
1136	Speech-Language Pathology Group 6	216	49	265	214
1141	Audiology Group 1	21	3	25	3,302
1142	Audiology Group 2	86	24	110	5,515
1143	Audiology Group 3	167	42	209	7,322
1144	Audiology Group 4	418	132	550	390
1145	Audiology Group 5 - Cochlear Implant			168	1
1151	Resp Therapy Group 1	37	7	44	11,193
1152	Resp Therapy Group 2	68	13	82	18,965
1153	Resp Therapy Group 3	130	25	155	9,806
1154	Resp Therapy Group 4	166	37	203	9,235
1155	Resp Therapy Group 5	282	73	355	1,624
1156	Resp Therapy Group 6	349	94	443	1,150
1201	Clinical Nutrition Group 1	29	7	36	28,292
1202	Clinical Nutrition Group 2	50	11	61	24,174
1203	Clinical Nutrition Group 3	73	13	86	4,429
1204	Clinical Nutrition Group 4	121	31	152	13,035
1205	Clinical Nutrition Group 5	166	42	208	1,234
1206	Clinical Nutrition Group 6	256	56	312	185
1221	Social Work Group 1	38	6	45	37,169
1222	Social Work Group 2	92	14	106	16,759
1223	Social Work Group 3	183	27	211	1,415
1224	Social Work Group 4	251	41	292	355
1225	Social Work Group 5	367	54	421	38

Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1226	Social Work Group 6	867	103	970	4
1241	Psychology Group 1	42	7	49	36,105
1242	Psychology Group 2	148	25	173	7,857
1243	Psychology Group 3	218	34	252	733
1244	Psychology Group 4	332	53	384	3,795
1245	Psychology Group 5	495	72	567	45
1246	Psychology Group 6	467	73	539	18
1247	Psychology Group 7	146	18	164	346
1248	Psychology Group 8	301	37	339	247
1249	Psychology Group 9	572	71	643	114
2001	Critical Care Unit or O.R. with Secondary Diagnosis	313	113	426	1,029
2002	Critical Care Unit or O.R. without Secondary Diagnosis	273	100	373	1,854
2003	Other Unit with Secondary Diagnosis	272	101	373	10,100
2004	Other Unit without Secondary Diagnosis	234	87	321	18,760
2021	DOA	160	75	235	25
2022	Died During Visit	187	79	266	152
2023	Death - Organ Donor	33	23	56	2
2041	Patient Transferred with Secondary Diagnosis	315	133	449	1,042
2042	Patient Transferred without Secondary Diagnosis	273	114	387	1,394
2050	Diag Inv General Symptoms/Exam	184	43	227	11,189
2051	Management General Symptoms/Exam < 18 years	140	61	201	19,626
2052	Management General Symptoms/Exam 18 < 45 years	106	43	149	17,145
2053	Management General Symptoms/Exam 45 < 65 years	112	45	156	13,363
2054	Management General Symptoms/Exam 65+ years	112	42	154	17,458
2059	Prophylactic Vaccination	188	56	244	6,328
2060	Therapeutic Medical Counseling	43	17	60	29,451
2062	Preoperative Exam	162	46	208	57,537
2063	Private Practice Office Visit	22	7	29	10,451
2064	Therapy - No Intervention Code	51	6	57	7,259
2066	Contact/Carrier of Communicable Disease	125	26	151	1,566
2067	Health Hazard Related to Personal/Family History	908	383	1,291	1,539
2068	Routine Health Supervision	59	32	91	14,922

Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
2069	Postsurgical Status	59	23	82	19,926
2070	Follow-up/Convalescence	55	21	76	29,988
2071	Screening Exam	142	36	178	8,513
2072	Screening Exam - Genetics				
2073	Genetic Counselling	966	200	1,166	2,749
2081	Non Registered Service Recipients				
2082	Mode of Service - Telephone	29	10	39	194,996
2099	Patient Left Without Being Seen	102	41	143	2,429

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
1.1	Nerve & Other, Local Anaesthetic	1,089	1,179	2,248	136	111	123
1.2	Nerve & Other, General Anaesthetic	529	112	641	1,288	1,229	1,278
1.3	Nerve & Other, Other Anaesthetic	77	58	135	794	595	709
1.4	Nerve & Other, No Anaesthetic	174	336	510	622	607	612
2	Spinal	1,102	1,005	2,107	390	436	412
3	Nerve Injection	1,777	1,599	3,376	102	76	89
4	Orbital & Other Eye	3,274	692	3,966	817	851	823
5	Lens Interventions	4,161	447	4,608	609	564	605
6	Iris & Other Eye	202	188	390	313	156	237
7	Strabismus	903	467	1,370	1,399	1,125	1,305
8	External Eye	5,652	4,220	9,872	281	163	230
9	Bronch/Pharynx	68	59	127	1,056	1,000	1,030
10	Tympanoplasty	425	182	607	1,341	1,011	1,242
11	Sinus Interventions	911	418	1,329	1,390	1,259	1,349
12	Other Sinus	1,098	595	1,693	998	917	969
13	Tonsils & Adenoids 12+ years	678	425	1,103	990	762	902
13.1	Tonsils & Adenoids 0 < 6 years	587	456	1,043	1,211	898	1,074
13.2	Tonsils & Adenoids 6 < 12 years	760	582	1,342	1,228	877	1,076
14	Nasal Interventions	1,033	862	1,895	496	422	462
15	Other Respiratory	45	27	72	664	413	570
16	External Ear 18+ years	116	84	200	306	167	248
16.1	External Ear 0 < 1.5 years	339	272	611	630	471	559
16.2	External Ear 1.5 < 6 years	856	641	1,497	633	434	548
16.3	External Ear 6 < 12 years	382	290	672	671	426	566
16.4	External Ear 12 < 18 years	49	42	91	697	413	566
17	Respiratory Endoscopy - ENT	2,125	1,951	4,076	536	521	529
18	Pacemaker Implant	241	214	455	6,070	7,446	6,717
19	Cardiac Catheter 18+ years	4,398	1,743	6,141	1,754	1,961	1,813
19.1	Cardiac Catheter 0 < 6 years	101	122	223	4,292	4,704	4,517
19.2	Cardiac Catheter 6 < 18 years	126	142	268	3,549	4,235	3,912
20	Angiography 18+ years	1,577	1,659	3,236	1,221	1,374	1,299
20.1	Angiography 0 < 6 years	3	3	6	1,789	1,411	1,600

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
20.2	Angiography 6 < 12 years	6	4	10	1,178	1,265	1,213
20.3	Angiography 12 < 18 years	13	12	25	1,373	1,475	1,422
21	Vascular Interventions 18 + years	638	499	1,137	1,170	1,137	1,156
21.1	Vascular Interventions 0 < 18 years	44	30	74	1,859	1,216	1,598
22	Other Vascular Interventions	596	590	1,186	1,000	937	969
23.1	Lymphatic Interventions, Local Anaesthetic	125	144	269	248	156	199
23.2	Lymphatic Interventions, General Anaesthetic	334	116	450	1,531	1,053	1,408
23.3	Lymphatic Interventions, Other Anaesthetic	23	44	67	788	960	901
23.4	Lymphatic Interventions, No Anaesthetic	54	74	128	936	794	854
24	Minor Vascular	440	561	1,001	619	706	668
25	Cholecystectomy	1,843	1,696	3,539	1,451	1,373	1,413
26	Hernia	2,838	2,662	5,500	1,243	1,118	1,182
27	ERCP	981	1,034	2,015	746	727	736
28.1	Endoscopy GI - Low	1,965	2,258	4,223	189	184	186
28.2	Endoscopy GI - Medium	20,889	20,193	41,082	337	312	324
28.3	Endoscopy GI - High	2,731	2,282	5,013	346	356	351
29.1	Ano-Rectal Interventions, Local Anaesthetic	39	28	67	100	141	117
29.2	Ano-Rectal Interventions, General Anaesthetic	390	199	589	871	798	846
29.3	Ano-Rectal Interventions, Other Anaesthetic	613	288	901	389	279	354
29.4	Ano-Rectal Interventions, No Anaesthetic	176	285	461	466	442	451
30.1	Minor Anal Interventions, Local Anaesthetic	54	77	131	130	92	108
30.2	Minor Anal Interventions, General Anaesthetic	117	73	190	883	1,018	935
30.3	Minor Anal Interventions, Other Anaesthetic	198	38	236	287	350	297
30.4	Minor Anal Interventions, No Anaesthetic	1,152	991	2,143	196	209	202
31	Mechanical Implants	34	25	59	1,620	1,352	1,507
32	Lithotripsy	1,583	1,936	3,519	714	862	795
33	Upper Urinary Interventions	775	1,620	2,395	856	554	652
34.1	Lower Uri & Genital	789	610	1,399	1,185	806	1,020
34.2	Reconstruction, Vas Deferens	16	25	41	2,125	1,831	1,945
35.1	Bladder & Urethral Interventions, Local Anaesthetic	10,425	6,156	16,581	211	192	204
35.2	Bladder & Urethral Interventions, General Anaesthetic	1,352	743	2,095	833	739	800
35.3	Bladder & Urethral Interventions, Other Anaesthetic	726	49	775	566	634	571

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases		Average Cost	
		2001/2002	2000/2001	2001/2002	2000/2001
35.4	Bladder & Urethral Interventions, No Anaesthetic	2,910	7,300	10,210	335
36.1	Vasectomy	1,144	1,132	2,276	294
36.2	Other Male Genital Interventions	559	546	1,105	1,043
37	Circumcision 18 + years	196	193	389	860
37.1	Circumcision 0 < 1.5 years	870	806	1,676	214
37.2	Circumcision 1.5 < 6 years	141	189	330	881
37.3	Circumcision 6 < 12 years	118	145	263	903
37.4	Circumcision 12 < 18 years	43	52	95	932
38	Uro Diagnostic Interventions	2,486	2,336	4,822	179
39	Uterus & Adnexal Intervention	2,525	1,196	3,721	1,125
40	Endo & Gyn Interventions	2,911	1,790	4,701	701
41	Minor Gyn Interventions	3,941	3,680	7,621	191
42	Evacuations	3,634	2,876	6,510	438
43	Maxillo-Facial	124	114	238	1,495
44	Chest Wall Interventions	253	300	553	955
45.1	Upper Extremity Interventions	483	353	836	1,432
45.2	Shoulder Interventions	433	293	726	1,663
46	Open Reductions	732	723	1,455	1,139
47	Tendon & Muscle Interventions	805	767	1,572	1,049
48	Closed Reductions	1,359	1,317	2,676	349
49	Lower Extremity	409	311	720	900
50	Knee Interventions	3,256	2,770	6,026	1,041
51	Ankle & Foot	287	259	546	1,138
52.1	Remove Int Fixation, Lower Extremity	456	331	787	969
52.2	Other Removal, Int Fixation	771	764	1,535	311
53	Soft Tissue Interventions	1,338	1,297	2,635	456
54	Manipulations	10,335	10,338	20,673	136
55	Mastectomy	1,109	1,134	2,243	659
56.1	Augment/Reduce Breast Bilateral	653	405	1,058	1,861
56.2	Augment/Reduce Breast Unilateral	207	185	392	1,527
57	Breast Plastic Interventions	104	44	148	461
58.1	Ear & Cleft Lip Reconstruction	245	235	480	1,415
					1,133
					1,277

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
58.2	Face Rhytidectomy	7	8	15	3,443	3,562	3,506
58.3	Other Plastic Reconstruction	324	413	737	341	379	362
59.1	Skin Interventions, Local Anaesthetic	5,582	5,905	11,487	140	112	126
59.2	Skin Interventions, General Anaesthetic	1,128	595	1,723	1,080	883	1,012
59.3	Skin Interventions, Other Anaesthetic	657	483	1,140	263	220	245
59.4	Skin Interventions, No Anaesthetic	5,177	5,322	10,499	164	175	170
60	Dental Surgery	1,418	1,281	2,699	1,339	1,067	1,210
61.1	Biopsy, Other	710	716	1,426	594	589	591
61.2	Biopsy, Percutaneous	2,936	3,087	6,023	646	397	518
62	Hemodialysis	73,436	64,778	138,214	293	319	305
62.1	Home Hemodialysis Teaching			5			1,751
62.2	Selfcare Hemodialysis			1			168
63	Transfusions	4,872	4,391	9,263	432	414	423
64	Cardioversion	328	262	590	909	881	896
65	Chemotherapy Oncology	662	713	1,375	205	239	223
66	Myelogram	129	227	356	488	435	454
68	Thyroid Interventions	23	35	58	1,802	1,310	1,505
69	Parotid Duct Interventions	65	34	99	1,739	1,462	1,644
70	Appendectomy	17	21	38	1,816	2,008	1,922
71	Gastro-Intestinal Related Interventions	2,098	2,232	4,330	220	220	220
72	Peritoneal Dialysis	649	560	1,209	447	459	453
72.1	Home Peritoneal Dialysis Teaching	1,416	3,321	4,737	208	106	136
73	Hos Visit Including Diagnostic Investigation of vascular Sys	1	3	5	353	221	281
74	Hospital Visit Including Nuclear Imaging	8,384	10,682	19,066	627	590	606
75	Hospital Visit Including CAT Scan	38,196	33,132	71,328	345	344	344
76	Hospital Visit Including MRI	22,510	5,272	27,782	520	713	557
77	Hospital Visit Radiotherapy			1			268
78	Chest Xray	12,247	11,804	24,051	82	92	87
79	Other Xray	26,367	27,032	53,399	105	112	108
80	Mammogram	851	863	1,714	174	136	155
81	Ultrasound	17,468	13,809	31,277	241	229	236
82.1	Extensive Sleep Studies	1,130	1,101	2,231	1,084	1,053	1,069

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
82.2	Other Sleep Labs	84	95	179	562	304	425
201	Diag Inv General Cardiac 0 < 12 years	337	157	494	221	249	230
203	Diag Inv General Cardiac 12 < 18 years	162	84	246	240	256	246
205	Diag Inv General Cardiac 18+ years	6,939	5,920	12,859	226	208	218
206	Management General Cardiac 0 < 1.5 years	231	153	384	93	113	101
207	Management General Cardiac 1.5 < 12 years	736	442	1,178	97	108	101
208	Management General Cardiac 12 < 18 years	343	284	627	89	95	92
210	Management General Cardiac 18+ years	25,800	24,898	50,698	86	88	87
213	Dysrhythmia & Conductive Disorders	3,811	3,654	7,465	214	251	232
214	Congestive Heart Failure	2,563	1,928	4,491	109	149	126
215	Inflammatory Cardiac	110	69	179	145	136	142
216	Congenital Heart Disease	1,686	2,387	4,073	251	257	255
217	Diag Inv Angina	1,570	1,453	3,023	236	359	295
218	Management Angina	10,993	10,017	21,010	61	59	60
219	Diag Inv Vascular	390	367	757	349	351	350
220	Management Vascular	1,761	1,850	3,611	98	93	95
251	Diag Inv General Endocrinal 0 < 18 years	139	140	279	249	252	250
254	Diag Inv General Endocrinal 18+ years	42	41	83	328	289	309
255	Management General Endocrinal 0 < 1.5 years	175	154	329	92	116	103
256	Management General Endocrinal 1.5 < 6 years	282	236	518	85	73	79
257	Management General Endocrinal 6 < 18 years	589	404	993	89	74	83
258	Management General Endocrinal 18+ years	3,648	3,472	7,120	105	118	111
259	Management Diabetes < 18 years	1,933	1,715	3,648	224	233	228
260	Management Diabetes 18+ years	15,998	16,224	32,222	95	105	100
262	Thyroiditis	781	841	1,622	126	119	122
264	Management Ketoacidosis	27	13	40	439	324	402
266	Fluid & Electrolyte < 6 years	194	230	424	276	317	298
267	Fluid & Electrolyte 6+ years	1,823	2,051	3,874	207	211	209
301	Diag Inv General ENT	1,441	1,631	3,072	201	208	205
303	Management General ENT	15,981	17,030	33,011	124	111	117
305	Otitis Media	5,141	5,447	10,588	87	81	84
306	Epistaxis	456	365	821	116	114	115

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases		Average Cost	
		2001/2002	2000/2001	2001/2002	2000/2001
351	Diag Inv General Female Genital Disorders < 45 years	146	131	277	428
352	Diag Inv General Female Genital Disorders 45 + years	104	24	128	170
353	Management General Female Genital Disorders < 18 years	296	353	649	100
354	Management General Female Genital Disorders 18 < 45 years	5,812	5,635	11,447	63
355	Management General Female Genital Disorders 45 + years	3,293	3,118	6,411	76
356	Management Contraceptive	1,857	1,985	3,842	54
357	Diag Inv General Male Genital Disorders < 18 years	67	53	120	349
358	Diag Inv General Male Genital Disorders 18 + years	63	52	115	372
359	Management General Male Genital Disorders < 18 years	464	436	900	105
360	Management General Male Genital Disorders 18 + years	1,889	1,655	3,544	60
361	Diag Inv Other Genitourological Disorders < 18 years	197	189	386	334
362	Diag Inv Other Genitourological Disorders 18 + years	708	942	1,650	307
363	Management Other Genitourological Disorders < 18 years	2,308	2,344	4,652	117
364	Management Other Genitourological Disorders 18 + years	12,111	10,992	23,103	100
400	Diag Inv General Gastrointestinal 0 < 1.5 years	304	222	526	271
401	Diag Inv General Gastrointestinal 1.5 < 6 years	353	319	672	217
402	Diag Inv General Gastrointestinal 6 < 18 years	784	780	1,564	281
403	Diag Inv General Gastrointestinal 18 < 45 years	888	927	1,815	431
404	Diag Inv General Gastrointestinal 45 < 65 years	517	495	1,012	406
405	Diag Inv General Gastrointestinal 65 + years	415	360	775	447
406	Management General Gastrointestinal 0 < 1.5 years	3,298	3,120	6,418	105
407	Management General Gastrointestinal 1.5 < 6 years	3,005	2,880	5,885	104
408	Management General Gastrointestinal 6 < 18 years	3,828	3,854	7,382	102
409	Management General Gastrointestinal 18 < 45 years	7,244	6,756	14,000	103
410	Management General Gastrointestinal 45 < 65 years	5,534	4,243	9,777	95
411	Management General Gastrointestinal 65 + years	2,532	2,356	4,888	105
412	Constipation with Disimpaction	243	178	421	300
413	GI Bleed / Perforation / Obstruction	771	697	1,468	176
451	Diag Inv Hematological	364	312	676	346
452	Management Hematological 0 < 6 years	516	560	1,076	199
453	Management Hematological 6 < 12 years	384	316	700	272
454	Management Hematological 12 < 18 years	386	531	917	250

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
455	Management Hematological 18 < 65 years	4,975	5,143	10,118	163	181	172
456	Management Hematological 65 + years	1,844	1,517	3,361	144	148	146
501	Diag Inv Hepatobiliary	251	255	506	451	449	450
502	Management Hepatobiliary	3,824	4,029	7,853	80	76	78
551	Diag Inv Inflamm Musculoskeletal 0 < 6 years	6	13	19	299	379	354
553	Diag Inv Inflamm Musculoskeletal 6 < 12 years	27	29	56	236	278	258
554	Diag Inv Inflamm Musculoskeletal 12 < 18 years	39	47	86	257	309	286
555	Diag Inv Inflamm Musculoskeletal 18 + years	1,172	1,115	2,287	238	241	239
556	Diag Inv Other Musculoskeletal < 18 years	3,736	3,713	7,449	132	138	135
557	Diag Inv Other Musculoskeletal 18 + years	19,436	17,353	36,789	139	150	144
558	Management Inflamm Musculoskeletal 0 < 6 years	82	68	150	107	98	103
560	Management Inflamm Musculoskeletal 6 < 12 years	139	180	319	112	86	97
561	Management Inflamm Musculoskeletal 12 < 18 years	184	187	371	93	82	87
562	Management Inflamm Musculoskeletal 18 + years	11,669	11,476	23,145	64	65	65
563	Management Other Musculoskeletal < 18 years	3,375	3,611	6,986	55	48	51
564	Management Other Musculoskeletal 18 + years	26,172	25,160	51,332	37	37	37
565	Diag Inv Congenital Musculoskeletal Deformities	47	60	107	213	225	220
566	Management Congenital Musculoskeletal Deformities	390	385	775	114	102	108
567	Diag Inv Other Inflamm Musculoskeletal	263	272	535	195	189	192
568	Management Other Inflamm Musculoskeletal	1,804	1,945	3,749	53	49	51
569	Infectious Musculoskeletal	1,080	786	1,866	86	97	91
601	Diag Inv General Neurology	488	432	920	277	259	268
602	Management General Neurology 0 < 6 years	903	1,015	1,918	143	127	134
603	Management General Neurology 6 < 12 years	684	819	1,503	159	121	138
604	Management General Neurology 12 < 18 years	399	391	790	118	108	113
605	Management General Neurology 18 < 65 years	4,820	6,129	10,949	104	103	104
606	Management General Neurology 65 + years	1,510	1,756	3,266	124	112	118
607	Migraine Headache	2,302	2,329	4,631	103	103	103
608	Diag Inv Headache	69	73	142	205	236	221
609	Management Headache	1,730	1,535	3,265	98	98	98
610	Diag Inv Meningitis		6	6		410	410
611	Management Meningitis	131	103	234	121	124	122

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Coated Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
612	Diag Inv Cerebrovascular	302	178	480	356	337	349
613	Management Cerebrovascular	2,486	1,572	4,058	194	177	187
614	Diag Inv Convulsions	530	672	1,202	207	181	193
615	Management Convulsions	3,493	3,347	6,840	110	102	106
616	Diag Inv Vertigo	52	46	98	327	296	313
617	Management Vertigo	1,031	889	1,920	146	163	154
651	Antepartum Routine	886	1,491	2,377	81	214	184
652	Postpartum Routine	82	215	297	50	208	165
653	Diag Inv Neonatal & Congenital	90	76	166	254	237	246
654	Management Neonatal & Congenital	951	787	1,738	157	139	149
656	Delivery with Postpartum Complications	1	2	5	269	201	151
657	Delivery without Postpartum Complications	1	4	5	279	46	93
658	Postpartum Conditions Outcomes Uncomplicated	521	469	990	99	108	103
659	Diag Inv Pregnancy with Abortive	32	33	65	566	532	549
660	Management Pregnancy with Abortive Outcomes Uncomp	110	80	190	281	171	235
662	Diag Inv Antepartum	2,831	2,724	5,555	340	301	321
663	Management Antepartum	12,621	10,186	22,807	92	72	83
664	Diag Inv Pregnancy with Abortive Outcomes Complica	5	5	10	687	667	677
665	Management Pregnancy with Abortive Outcomes Complic	17	7	24	201	222	207
701	Diag Inv Oncological	283	235	518	282	252	269
702	Management Oncological	2,221	1,784	4,005	127	121	124
703	Radiotherapy (includes diagnosis code V58.0)	6	1	7	115	84	111
704	IV Therapy -- Non Cancer Related	22,843	25,799	48,642	103	102	102
751	Diag Inv Ophthalmology 0 < 12 years	34	36	70	201	222	212
752	Diag Inv Ophthalmology 12 < 18 years	38	12	50	202	245	213
753	Diag Inv Ophthalmology 18 < 45 years	786	364	1,150	208	238	217
754	Diag Inv Ophthalmology 45 + years	5,984	2,395	8,379	197	243	210
755	Management Ophthalmology 0 < 12 years	4,150	3,680	7,830	75	83	79
756	Management Ophthalmology 12 < 18 years	1,095	630	1,725	89	87	76
757	Management Ophthalmology 18 < 45 years	6,216	2,444	8,660	70	97	78
758	Management Ophthalmology 45 + years	21,933	8,104	30,037	71	95	78
801	Diag Inv Psychiatry	271	208	479	266	295	278

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
802	Management Psychiatry	64,788	31,929	96,717	92	105	97
803	Drug & Alcohol Related Conditions	2,204	1,614	3,818	164	162	164
851	Diag Inv General Respiratory < 18 years	2,151	2,123	4,274	224	224	224
852	Diag Inv General Respiratory 18 + years	2,926	2,888	5,814	290	278	284
853	Management General Respiratory 0 < 1.5 years	2,108	2,039	4,147	130	132	131
854	Management General Respiratory 1.5 < 6 years	3,563	3,034	6,597	125	141	133
855	Management General Respiratory 6 < 18 years	3,152	2,986	6,138	129	137	133
856	Management General Respiratory 18 < 65 years	4,520	4,670	9,190	111	120	116
857	Management General Respiratory 65 + years	1,311	2,655	3,966	110	181	158
863	Diag Inv Severe Respiratory Disease	312	269	581	336	303	320
864	Management Severe Respiratory Disease	806	993	1,799	266	234	248
901	Diag Inv Skin & Soft Tissue	2,293	2,169	4,462	170	172	171
902	Management Skin & Soft Tissue	24,100	25,083	49,183	72	78	75
906	Cellulitis	4,142	2,252	6,394	110	112	111
951	Diag Inv Systemic Infection	786	709	1,495	266	263	264
952	Management Systemic Infection < 18 years	4,996	4,853	9,849	114	103	109
953	Management Systemic Infection 18 < 45 years	503	508	1,011	113	114	114
954	Management Systemic Infection 45 + years	353	336	689	99	97	98
955	Diag Inv AIDS	77	91	168	271	313	294
956	Management AIDS	1,564	1,453	3,017	122	141	131
999	Ungroupable	40	33	73	124	91	109
1001	Open Fracture Fingers & Toes	42	41	83	203	197	200
1002	Closed Fracture Fingers & Toes	1,247	1,007	2,254	106	109	108
1003	Fractured Nose, Open & Closed	153	179	332	125	112	118
1004	Open Fracture & Dislocations Other	42	25	67	314	281	302
1005	Closed Fracture & Dislocations Other	5,129	4,307	9,436	188	181	184
1007	Open Wounds without Complications	3,541	2,400	5,941	109	103	107
1008	Open Wound with Complications	269	240	509	138	112	126
1009	Sprains	4,756	4,761	9,517	159	159	159
1010	Contusions Fingers/Toes	323	304	627	127	110	119
1011	Contusions except Fingers/Toes	2,960	2,698	5,658	170	173	171
1012	Open Wound Eye	209	78	287	65	140	85

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases		Blended	Average Cost	
		2001/2002	2000/2001		2001/2002	2000/2001
1013	Foreign Body Eyes, Ears, Nose	496	277	773	80	79
1014	Foreign Body except Eyes, Ears, Nose	498	453	951	165	166
1015	Diag Inv Poisoning	88	85	173	366	364
1016	Management Poisoning	1,005	1,056	2,061	216	201
1017	Amputation except Fingers/Toes	1	1	2	65	10
1018	Abuse/ Sexual Assault 0 < 12 years	134	368	502	119	519
1019	Abuse/ Sexual Assault 12+ years	66	105	171	199	490
1020	Burn Moderate to Severe	41	34	75	96	122
1021	Minor Other Injuries	5,906	5,019	10,925	137	128
1022	Moderate Other Injuries	768	726	1,494	602	586
1024	Comas	4	10	14	350	315
1025	Shock	105	106	211	201	201
1026	Open Spinal Fracture & Dislocation	1		2	390	442
1027	Closed Spinal Fracture & Dislocation	108	64	172	286	255
1028	Diag Inv Head Injury	158	143	301	284	265
1029	Management Head Injury	998	1,060	2,058	104	78
1030	Diag Inv Thoraco-Abdominal & Major Vascular	33	40	73	316	341
1031	Management Thoraco-Abdominal & Major Vascular	432	414	846	118	115
1032	Burn Minor 0 < 6 years	206	197	403	116	112
1033	Burn Minor 6 + years	453	403	856	104	113
1034	Diag Inv Major Other Injuries	22	16	38	301	234
1035	Management Major Other Injuries	79	173	252	193	279
1051	Assessment Referral	909	461	1,370	163	190
1052	Assessment Intake	1,097	4,106	5,203	181	170
1053	Assessment Collateral	54	344	398	184	136
1054	Legal Assessment Half Day			1		168
1055	Legal Assessment Full Day	46	389	435	263	187
1056	Assessment Specialized				64	89
1057	Individual Therapy	25,694	30,491	56,185		66
1058	Crisis/ Intervention Calls Telephone Crisis Calls		2	2		168
1059	Crisis/ Intervention Calls Mobile Crisis Intervention Call			1		205
1060	Couple Therapy	18	171	189	189	206

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
1061	Family Therapy	215	310	525	134	223	187
1062	Group Therapy	14,538	43,445	57,983	41	40	41
1063	ECT	900	912	1,812	304	292	298
1064	Medication Administration	8,250	6,671	14,921	92	104	97
1065	Patient Specific Consultations/Case Supervision	3,665	5,064	8,729	85	86	85
1066	Patient Specific Hearings			1			168
1067	Patient Specific Professional Reports and Applications			1			168
1068	Patient Specific Critical Incident Documentation			1			168
1069	Diagnostic Testing/Scoring Testing Type 1	279	395	674	195	497	372
1070	Diagnostic Testing/Scoring Testing Type 2	114	76	190	500	447	479
1071	Diagnostic Testing/Scoring Testing Type 3	3	3	6	601	1,028	814
1072	Therapeutic Milieu Programs Half Day	426	727	1,153	14	37	29
1073	Therapeutic Milieu Programs Full Day			1			168
1074	Mental Health Education 0-120 min	103	139	242	69	62	65
1075	Mental Health Education 121-240 min						
1076	Mental Health Education 241-360 min						
1077	Mental Health Education 361-480 min						
1101	OT Group 1	29,498	26,104	55,602	24	24	24
1102	OT Group 2	21,626	18,439	40,065	56	60	58
1103	OT Group 3	3,796	3,241	7,037	85	95	90
1104	OT Group 4	11,669	12,012	23,681	143	147	145
1105	OT Group 5	822	649	1,471	199	240	217
1106	OT Group 6	339	234	573	375	379	377
1111	Physical Therapy Group 1	44,098	47,349	91,447	30	31	30
1112	Physical Therapy Group 2	33,573	33,139	66,712	53	58	55
1113	Physical Therapy Group 3	6,729	6,171	12,900	66	75	70
1114	Physical Therapy Group 4	11,783	11,888	23,671	111	119	115
1115	Physical Therapy Group 5	425	328	753	173	191	181
1116	Physical Therapy Group 6	109	59	168	225	291	248
1121	Recreational Therapy Group 1	8,366	7,895	16,261	16	17	16
1122	Recreational Therapy Group 2	2,782	3,162	5,944	39	40	39
1123	Recreational Therapy Group 3	71	23	94	62	85	68

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
1124	Recreational Therapy Group 4	1,069	1,059	2,128	91	90	91
1125	Recreational Therapy Group 5	31	19	50	144	145	144
1126	Recreational Therapy Group 6	4	2	6	239	260	246
1131	Speech-Language Pathology Group 1	36,356	36,131	72,487	51	50	51
1132	Speech-Language Pathology Group 2	4,767	4,206	8,973	145	161	153
1133	Speech-Language Pathology Group 3	483	77	560	65	171	80
1134	Speech-Language Pathology Group 4	3,249	1,803	5,052	138	186	155
1135	Speech-Language Pathology Group 5	4,273	1,111	5,384	133	263	160
1136	Speech-Language Pathology Group 6	144	70	214	187	426	265
1141	Audiology Group 1	3,193	109	3,302	24	26	25
1142	Audiology Group 2	3,288	2,227	5,515	86	146	110
1143	Audiology Group 3	4,217	3,105	7,322	188	236	209
1144	Audiology Group 4	127	263	390	399	623	550
1145	Audiology Group 5 - Cochlear Implant	1		1			168
1151	Resp Therapy Group 1	5,075	6,118	11,193	48	40	44
1152	Resp Therapy Group 2	7,745	11,220	18,965	90	76	82
1153	Resp Therapy Group 3	4,965	4,841	9,806	154	155	155
1154	Resp Therapy Group 4	4,436	4,799	9,235	213	194	203
1155	Resp Therapy Group 5	626	998	1,624	362	350	355
1156	Resp Therapy Group 6	492	658	1,150	458	432	443
1201	Clinical Nutrition Group 1	13,371	14,921	28,292	35	38	36
1202	Clinical Nutrition Group 2	11,215	12,959	24,174	58	64	61
1203	Clinical Nutrition Group 3	2,264	2,165	4,429	79	95	86
1204	Clinical Nutrition Group 4	6,495	6,540	13,035	142	162	152
1205	Clinical Nutrition Group 5	556	678	1,234	177	233	208
1206	Clinical Nutrition Group 6	60	125	185	241	346	312
1221	Social Work Group 1	21,164	16,005	37,169	47	42	45
1222	Social Work Group 2	8,016	8,743	16,759	100	112	106
1223	Social Work Group 3	642	773	1,415	178	238	211
1224	Social Work Group 4	184	171	355	252	335	292
1225	Social Work Group 5	20	18	38	400	444	421
1226	Social Work Group 6	1	2	4	301	1,280	970

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACOS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
1241	Psychology Group 1	20,364	15,741	36,105	49	49	49
1242	Psychology Group 2	3,640	4,217	7,857	185	162	173
1243	Psychology Group 3	291	442	733	242	260	252
1244	Psychology Group 4	1,903	1,892	3,795	362	407	384
1245	Psychology Group 5	19	26	45	533	592	567
1246	Psychology Group 6	8	10	18	343	697	539
1247	Psychology Group 7		346	346		164	164
1248	Psychology Group 8		247	247		339	339
1249	Psychology Group 9		114	114		643	643
2001	Critical Care Unit or O.R. with Secondary Diagnosis	505	524	1,029	434	418	426
2002	Critical Care Unit or O.R. without Secondary Diagnosis	820	1,034	1,854	372	374	373
2003	Other Unit with Secondary Diagnosis	5,327	4,773	10,100	384	360	373
2004	Other Unit without Secondary Diagnosis	9,944	8,816	18,760	323	319	321
2021	DOA	9	16	25	285	207	235
2022	Died During Visit	78	74	152	237	298	266
2023	Death - Organ Donor			2			56
2041	Patient Transferred with Secondary Diagnosis	561	481	1,042	491	400	449
2042	Patient Transferred without Secondary Diagnosis	716	678	1,394	431	340	387
2050	Diag Inv General Symptoms/Exam	5,856	5,333	11,189	231	224	227
2051	Management General Symptoms/Exam < 18 years	9,734	9,892	19,626	204	198	201
2052	Management General Symptoms/Exam 18 < 45 years	8,718	8,427	17,145	152	146	149
2053	Management General Symptoms/Exam 45 < 65 years	7,540	5,823	13,363	145	171	156
2054	Management General Symptoms/Exam 65+ years	8,154	9,304	17,458	165	144	154
2059	Prophylactic Vaccination	3,538	2,790	6,328	346	114	244
2060	Therapeutic Medical Counseling	4,815	24,636	29,451	116	49	60
2062	Preoperative Exam	29,841	27,696	57,537	210	206	208
2063	Private Practice Office Visit	5,709	4,742	10,451	24	33	29
2064	Therapy - No Intervention Code	5,808	1,451	7,259	36	143	57
2066	Contact/Carrier of Communicable Disease	964	602	1,566	149	155	151
2067	Health Hazard Related to Personal/Family History	722	817	1,539	1,391	1,202	1,291
2068	Routine Health Supervision	7,817	7,105	14,922	94	87	91
2069	Postsurgical Status	8,367	11,559	19,926	80	83	82

Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
2070	Follow-up/Convalescence	16,773	13,215	29,988	73	79	76
2071	Screening Exam	4,506	4,007	8,513	168	190	178
2072	Screening Exam - Genetics						
2073	Genetic Counselling	1,325	1,424	2,749	1,220	1,117	1,166
2081	Non Registered Service Recipients						
2082	Mode of Service - Telephone	116,502	78,494	194,996	37	41	39
2099	Patient Left Without Being Seen	591	1,838	2,429	244	110	143

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
1.1	Nerve & Other, Local Anaesthetic	0.786200	1,895	1,069	123	0.54	67
1.2	Nerve & Other, General Anaesthetic	7.643143	988	529	1,278	0.47	596
1.3	Nerve & Other, Other Anaesthetic	4.801648	1,228	77	709	0.41	290
1.4	Nerve & Other, No Anaesthetic	3.901242	303	174	612	0.65	400
2	Spinal	2.350711	3,365	1,102	412	0.79	326
3	Nerve Injection	0.540590	2,649	1,777	89	1.57	140
4	Orbital & Other Eye	5.236280	6,344	3,274	823	0.77	635
5	Lens Interventions	4.011887	17,347	4,161	605	0.52	316
6	Iris & Other Eye	1.502273	468	202	237	1.83	433
7	Strabismus	7.924648	1,152	903	1,305	0.40	528
8	External Eye	1.437396	21,158	5,652	230	2.10	483
9	Bronch/ Pharynx	6.093141	239	68	1,030	0.51	530
10	Tympanoplasty	7.711648	764	425	1,242	0.49	614
11	Sinus Interventions	8.377712	1,531	911	1,349	0.53	714
12	Other Sinus	6.200290	2,285	1,098	969	0.42	404
13	Tonsils & Adenoids 12+ years	5.687713	1,673	678	902	0.52	471
13.1	Tonsils & Adenoids 0 < 6 years	6.396160	921	587	1,074	0.43	457
13.2	Tonsils & Adenoids 6 < 12 years	6.535412	1,452	760	1,076	0.40	432
14	Nasal Interventions	2.848113	7,213	1,033	462	1.14	526
15	Other Respiratory	3.418705	149	45	570	0.94	534
16	External Ear 18 + years	1.572030	686	116	248	1.19	294
16.1	External Ear 0 < 1.5 years	3.358418	480	339	559	0.43	240
16.2	External Ear 1.5 < 6 years	3.283911	1,514	856	548	0.63	344
16.3	External Ear 6 < 12 years	3.388364	763	382	566	0.82	462
16.4	External Ear 12 < 18 years	3.407721	153	49	566	0.67	381
17	Respiratory Endoscopy - ENT	3.141751	4,448	2,125	529	0.78	414
18	Pacemaker Implant	40.775037	603	241	6,717	0.59	3,976
19	Cardiac Catheter 18 + years	10.392034	9,045	4,398	1,813	0.74	1,338
19.1	Cardiac Catheter 0 < 6 years	23.720964	123	101	4,517	0.42	1,920
19.2	Cardiac Catheter 6 < 18 years	20.777095	152	126	3,912	0.56	2,205
20	Angiography 18 + years	7.936478	2,859	1,577	1,299	0.47	607

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
20.1	Angiography 0 < 6 years	8.816935	3	3	1,600	0.55	875
20.2	Angiography 6 < 12 years	6.532244	6	6	1,213	0.38	463
20.3	Angiography 12 < 18 years	7.774008	20	13	1,422	0.64	913
21	Vascular Interventions 18 + years	6.370392	1,537	638	1,156	0.62	721
21.1	Vascular Interventions 0 < 18 years	8.655134	161	44	1,598	0.95	1,517
22	Other Vascular Interventions	6.194519	1,630	596	969	0.62	601
23.1	Lymphatic Interventions, Local Anaesthetic	1.222390	277	125	199	1.36	270
23.2	Lymphatic Interventions, General Anaesthetic	8.412041	574	334	1,408	0.48	672
23.3	Lymphatic Interventions, Other Anaesthetic	5.034084	42	23	901	0.36	323
23.4	Lymphatic Interventions, No Anaesthetic	5.481418	121	54	854	0.62	532
24	Minor Vascular	4.012603	1,783	440	668	0.79	530
25	Cholecystectomy	8.885990	2,924	1,843	1,413	0.38	541
26	Hernia	7.299458	5,569	2,838	1,182	0.37	432
27	ERCP	4.318355	2,135	981	736	0.61	445
28.1	Endoscopy GI - Low	1.167127	5,903	1,965	186	0.93	174
28.2	Endoscopy GI - Medium	1.968888	49,185	20,889	324	0.78	252
28.3	Endoscopy GI - High	2.146374	6,201	2,731	351	0.65	229
29.1	Ano-Rectal Interventions, Local Anaesthetic	0.741587	210	39	117	1.23	144
29.2	Ano-Rectal Interventions, General Anaesthetic	5.423882	1,135	390	846	0.41	345
29.3	Ano-Rectal Interventions, Other Anaesthetic	2.211160	1,753	613	354	0.73	259
29.4	Ano-Rectal Interventions, No Anaesthetic	2.979393	581	176	451	0.70	314
30.1	Minor Anal Interventions, Local Anaesthetic	0.666912	478	54	108	1.12	121
30.2	Minor Anal Interventions, General Anaesthetic	5.696569	259	117	935	0.44	412
30.3	Minor Anal Interventions, Other Anaesthetic	1.819850	574	198	297	0.86	254
30.4	Minor Anal Interventions, No Anaesthetic	1.241601	3,393	1,152	202	1.04	210
31	Mechanical Implants	9.181174	45	34	1,507	0.35	533
32	Lithotripsy	5.054720	2,514	1,583	795	0.25	196
33	Upper Urinary Interventions	4.089586	2,105	775	652	0.72	468
34.1	Lower Uri & Genital	6.028342	1,228	789	1,020	0.50	506
34.2	Reconstruction, Vas Deferens	12.222669	42	16	1,945	0.28	553
35.1	Bladder & Urethral Interventions, Local Anaesthetic	1.311482	14,169	10,425	204	0.60	123

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
35.2	Bladder & Urethral Interventions, General Anaesthetic	4.899020	1,963	1,352	800	0.46	369
35.3	Bladder & Urethral Interventions, Other Anaesthetic	3.523832	1,032	726	571	0.53	304
35.4	Bladder & Urethral Interventions, No Anaesthetic	2.020241	5,757	2,910	309	0.66	205
36.1	Vasectomy	1.837500	3,289	1,144	279	0.94	262
36.2	Other Male Genital Interventions	5.725493	817	559	948	0.34	321
37	Circumcision 18 + years	4.982118	340	196	789	0.41	321
37.1	Circumcision 0 < 1.5 years	1.522630	2,023	870	238	1.04	248
37.2	Circumcision 1.5 < 6 years	4.715959	294	141	789	0.28	219
37.3	Circumcision 6 < 12 years	4.938208	189	118	819	0.27	221
37.4	Circumcision 12 < 18 years	5.171895	83	43	849	0.24	206
38	Uro Diagnostic Interventions	1.171848	5,680	2,486	194	0.70	135
39	Uterus & Adnexal Intervention	7.104615	4,986	2,525	1,100	0.47	520
40	Endo & Gyn Interventions	4.502547	7,739	2,911	683	0.36	248
41	Minor Gyn Interventions	1.146246	14,246	3,941	176	1.27	222
42	Evacuations	2.752495	14,291	3,634	422	0.44	188
43	Maxillo-Facial	8.604550	439	124	1,394	0.59	828
44	Chest Wall Interventions	5.785244	542	253	929	0.60	558
45.1	Upper Extremity Interventions	7.866992	1,049	483	1,369	0.62	845
45.2	Shoulder Interventions	11.231984	1,179	433	1,667	0.40	664
46	Open Reductions	6.542405	1,742	732	1,038	0.44	459
47	Tendon & Muscle Interventions	5.897319	2,423	805	963	0.82	786
48	Closed Reductions	1.996318	8,123	1,359	351	0.75	264
49	Lower Extremity	5.133811	1,377	409	917	0.78	712
50	Knee interventions	6.403095	8,137	3,256	975	0.47	461
51	Ankle & Foot	6.488916	761	287	1,033	0.64	657
52.1	Remove Int Fixation, Lower Extremity	5.827946	954	456	938	0.47	440
52.2	Other Removal, Int Fixation	1.785190	1,242	771	292	1.09	318
53	Soft Tissue Interventions	2.663989	4,417	1,338	427	1.00	426
54	Manipulations	0.862167	19,227	10,335	136	0.48	65
55	Mastectomy	3.922719	3,015	1,109	630	0.91	575
56.1	Augment/Reduc Breast Bilateral	10.699209	1,066	653	1,753	0.32	569

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
56.2	Augment/Reduc Breast Unilateral	8.634769	571	207	1,407	0.47	660
57	Breast Plastic Interventions	2.932462	339	104	476	1.05	498
58.1	Ear & Cleft Lip Reconstruction	7.720802	379	245	1,277	0.40	516
58.2	Face Rhytidectomy	21.861742	60	7	3,506	0.51	1,797
58.3	Other Plastic Reconstruction	2.153702	3,114	324	362	1.54	558
59.1	Skin Interventions, Local Anaesthetic	0.768911	52,700	5,582	126	0.73	92
59.2	Skin Interventions, General Anaesthetic	6.155443	2,668	1,128	1,012	0.45	458
59.3	Skin Interventions, Other Anaesthetic	1.487254	4,721	657	245	1.44	353
59.4	Skin Interventions, No Anaesthetic	1.042570	40,715	5,177	170	1.15	195
60	Dental Surgery	7.086523	9,121	1,418	1,210	0.56	680
61.1	Biopsy, Other	3.224765	1,564	710	591	0.84	496
61.2	Biopsy, Percutaneous	3.109146	7,516	2,936	518	0.88	458
62	Hemodialysis	1.605897	152,761	73,436	305	0.22	68
62.1	Home Hemodialysis Teaching	10.265706	416		1,751	0.57	1,005
62.2	Selfcare Hemodialysis	1.000000	957		168	-	-
63	Transfusions	2.488042	18,482	4,872	423	0.96	406
64	Cardioversion	5.544096	1,341	328	896	0.58	524
65	Chemotherapy Oncology	1.193926	2,093	662	223	0.64	143
66	Myelogram	2.913843	399	129	454	0.35	159
68	Thyroid Interventions	8.598288	49	23	1,505	0.65	971
69	Parotid Duct Interventions	9.970768	106	65	1,644	0.61	1,009
70	Appendectomy	11.030403	51	17	1,922	0.44	847
71	Gastro-Intestinal Related Interventions	1.251275	4,119	2,098	220	0.90	197
72	Peritoneal Dialysis	2.375787	959	649	453	0.72	327
72.1	Home Peritoneal Dialysis Teaching	0.713847	1,766	1,416	136	1.30	177
73	Hos Visit Including Diagnostic Investigation of vascular Sys	1.567306	8	1	281	0.42	118
74	Hospital Visit Including Nuclear Imaging	3.592929	29,320	8,384	606	0.51	307
75	Hospital Visit Including CAT Scan	2.026220	105,070	38,196	344	0.82	281
76	Hospital Visit Including MRI	3.688236	44,440	22,510	557	0.52	291
77	Hospital Visit Radiotherapy	1.569994	6		268	-	-
78	Chest Xray	0.569461	60,666	12,247	87	0.90	78

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002		Blended		Standard Deviation
			Activity	Cases	Average Cost	Coefficient of Variation	
79	Other Xray	0.716114	159,823	26,367	108	0.93	100
80	Mammogram	1.200998	4,083	851	155	0.46	71
81	Ultrasound	1.563076	59,344	17,468	236	0.55	130
82.1	Extensive Sleep Studies	5.606160	1,427	1,130	1,069	0.19	200
82.2	Other Sleep Labs	2.248276	212	84	425	0.68	290
201	Diag Inv General Cardiac 0 < 12 years	1.233891	1,696	337	230	0.43	99
203	Diag Inv General Cardiac 12 < 18 years	1.338247	813	162	246	0.52	128
205	Diag Inv General Cardiac 18+ years	1.291191	15,808	6,939	218	0.77	168
206	Management General Cardiac 0 < 1.5 years	0.547386	1,299	231	101	0.70	71
207	Management General Cardiac 1.5 < 12 years	0.540593	3,044	736	101	0.67	68
208	Management General Cardiac 12 < 18 years	0.505757	1,630	343	92	0.76	70
210	Management General Cardiac 18+ years	0.514915	49,084	25,800	87	1.05	91
213	Dysrhythmia & Conductive Disorders	1.368998	15,130	3,811	232	1.19	276
214	Congestive Heart Failure	0.704106	5,871	2,563	126	1.06	134
215	Inflammatory Cardiac	0.861624	320	110	142	1.20	169
216	Congenital Heart Disease	1.330791	3,735	1,686	255	0.63	159
217	Diag Inv Angina	1.588961	4,144	1,570	295	0.78	229
218	Management Angina	0.339270	16,006	10,993	60	1.18	71
219	Diag Inv Vascular	1.894256	1,581	390	350	0.66	233
220	Management Vascular	0.566368	8,178	1,761	95	1.51	144
251	Diag Inv General Endocrinal 0 < 18 years	1.336624	254	139	250	0.75	189
254	Diag Inv General Endocrinal 18+ years	1.701396	166	42	309	1.02	315
255	Management General Endocrinal 0 < 1.5 years	0.601145	516	175	103	1.14	117
256	Management General Endocrinal 1.5 < 6 years	0.450362	693	282	79	1.04	83
257	Management General Endocrinal 6 < 18 years	0.458326	1,696	589	83	1.23	102
258	Management General Endocrinal 18+ years	0.630614	7,243	3,648	111	2.63	293
259	Management Diabetes < 18 years	1.210231	4,377	1,933	228	0.63	143
260	Management Diabetes 18+ years	0.621135	28,611	15,998	100	0.75	75
262	Thyroidosis	0.658512	1,182	781	122	1.62	198
264	Management Ketoacidosis	2.262879	113	27	402	1.06	428
266	Fluid & Electrolyte < 6 years	1.643176	506	194	298	0.86	257

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRA	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
267	Fluid & Electrolyte 6 + years	1.190958	5,820	1,823	209	0.81	168
301	Diag Inv General ENT	1.181014	8,422	1,441	205	0.61	126
303	Management General ENT	0.721819	132,541	15,981	117	3.00	352
305	Otitis Media	0.509950	38,441	5,141	84	0.74	62
306	Epistaxis	0.668813	3,357	456	115	0.76	87
351	Diag Inv General Female Genital Disorders < 45 years	2.358538	1,485	146	434	0.63	274
352	Diag Inv General Female Genital Disorders 45 + years	1.207284	320	104	207	0.95	198
353	Management General Female Genital Disorders < 18 years	0.603462	2,325	296	100	0.93	93
354	Management General Female Genital Disorders 18 < 45 years	0.397965	18,026	5,812	62	1.90	118
355	Management General Female Genital Disorders 45 + years	0.480806	6,562	3,293	74	1.09	81
356	Management Contraceptive	0.384122	5,267	1,857	60	0.74	45
357	Diag Inv General Male Genital Disorders < 18 years	1.957057	141	67	360	0.45	162
358	Diag Inv General Male Genital Disorders 18 + years	2.071568	407	63	382	0.48	183
359	Management General Male Genital Disorders < 18 years	0.554005	2,662	464	95	1.02	97
360	Management General Male Genital Disorders 18 + years	0.354567	6,134	1,889	55	1.92	105
361	Diag Inv Other Genitourlogical Disorders < 18 years	1.920715	689	197	343	0.78	266
362	Diag Inv Other Genitourlogical Disorders 18 + years	1.706575	7,169	708	302	0.81	245
363	Management Other Genitourlogical Disorders < 18 years	0.676845	12,167	2,308	116	0.92	106
364	Management Other Genitourlogical Disorders 18 + years	0.544940	62,896	12,111	96	1.27	122
400	Diag Inv General Gastrointestinal 0 < 1.5 years	1.600955	621	304	285	0.85	243
401	Diag Inv General Gastrointestinal 1.5 < 6 years	1.299957	863	353	227	0.70	159
402	Diag Inv General Gastrointestinal 6 < 18 years	1.602397	2,826	784	281	0.70	197
403	Diag Inv General Gastrointestinal 18 < 45 years	2.348424	10,017	888	430	0.58	247
404	Diag Inv General Gastrointestinal 45 < 65 years	2.293092	5,041	517	418	0.56	234
405	Diag Inv General Gastrointestinal 65 + years	2.336033	4,217	415	422	0.98	412
406	Management General Gastrointestinal 0 < 1.5 years	0.603579	11,462	3,298	103	0.99	102
407	Management General Gastrointestinal 1.5 < 6 years	0.605282	11,657	3,005	104	1.02	106
408	Management General Gastrointestinal 6 < 18 years	0.591824	18,955	3,828	101	1.01	102
409	Management General Gastrointestinal 18 < 45 years	0.608653	58,250	7,244	99	1.13	113
410	Management General Gastrointestinal 45 < 65 years	0.569036	26,954	5,534	92	1.26	116
411	Management General Gastrointestinal 65 + years	0.604067	16,028	2,532	97	1.44	140

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
412	Constipation with Disimpaction	1.704115	2,265	243	317	0.75	239
413	GI Bleed / Perforation/ Obstruction	0.971080	4,221	771	170	1.22	207
451	Diag Inv Hematological	1.875825	839	364	342	0.87	297
452	Management Hematological 0 < 6 years	1.095847	1,203	516	202	0.87	175
453	Management Hematological 6 < 12 years	1.452536	994	384	270	0.88	238
454	Management Hematological 12 < 18 years	1.213102	742	386	230	1.11	256
455	Management Hematological 18 < 65 years	0.934667	8,172	4,975	172	1.07	185
456	Management Hematological 65 + years	0.809786	3,233	1,844	146	0.99	144
501	Diag Inv Hepatobiliary	2.450242	1,947	251	450	0.63	284
502	Management Hepatobiliary	0.456997	10,858	3,824	78	1.34	104
551	Diag Inv Inflamm Musculoskeletal 0 < 6 years	2.051005	53	6	354	0.65	229
553	Diag Inv Inflamm Musculoskeletal 6 < 12 years	1.467471	127	27	258	0.79	204
554	Diag Inv Inflamm Musculoskeletal 12 < 18 years	1.613062	201	39	286	1.21	346
555	Diag Inv Inflamm Musculoskeletal 18 + years	1.370557	5,156	1,172	239	0.75	179
556	Diag Inv Other Musculoskeletal < 18 years	0.775171	13,998	3,736	135	0.71	95
557	Diag Inv Other Musculoskeletal 18 + years	0.854485	46,272	19,436	144	0.67	96
558	Management Inflamm Musculoskeletal 0 < 6 years	0.568371	334	82	103	1.12	116
560	Management Inflamm Musculoskeletal 6 < 12 years	0.531910	564	139	97	1.08	105
561	Management Inflamm Musculoskeletal 12 < 18 years	0.485284	855	184	87	1.48	129
562	Management Inflamm Musculoskeletal 18 + years	0.367483	29,007	11,669	65	1.31	85
563	Management Other Musculoskeletal < 18 years	0.304887	17,679	3,375	51	1.76	90
564	Management Other Musculoskeletal 18 + years	0.224858	92,343	26,172	37	1.76	65
565	Diag Inv Congenital Musculoskeletal Deformities	1.227481	491	47	220	0.81	178
566	Management Congenital Musculoskeletal Deformities	0.581826	2,709	390	108	1.24	134
567	Diag Inv Other Inflamm Musculoskeletal	1.154616	2,589	263	192	0.58	111
568	Management Other Inflamm Musculoskeletal	0.324488	11,692	1,804	51	1.45	74
569	Infectious Musculoskeletal	0.552087	2,461	1,080	91	1.45	131
601	Diag Inv General Neurology	1.489444	1,647	488	268	0.64	172
602	Management General Neurology 0 < 6 years	0.718945	2,622	903	134	0.87	117
603	Management General Neurology 6 < 12 years	0.740014	2,025	684	138	0.77	107
604	Management General Neurology 12 < 18 years	0.615982	1,745	399	113	1.25	141

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
605	Management General Neurology 18 < 65 years	0.596048	13,697	4,820	104	1.85	191
606	Management General Neurology 65 + years	0.649832	4,738	1,510	118	1.16	136
607	Migraine Headache	0.641439	25,257	2,302	103	0.95	98
608	Diag Inv Headache	1.257961	580	69	221	0.73	161
609	Management Headache	0.568326	15,352	1,730	98	0.96	94
610	Diag Inv Meningitis	2.097874	9	-	410	0.82	335
611	Management Meningitis	0.714357	298	131	122	1.18	145
612	Diag Inv Cerebrovascular	1.948409	1,640	302	349	0.60	211
613	Management Cerebrovascular	1.091921	11,639	2,486	187	1.76	329
614	Diag Inv Convulsions	1.203708	933	530	193	0.77	149
615	Management Convulsions	0.587248	8,491	3,493	106	1.18	125
616	Diag Inv Vertigo	1.778806	520	52	313	0.58	182
617	Management Vertigo	0.872331	8,574	1,031	154	0.78	120
651	Antepartum Routine	0.950280	8,516	886	164	1.04	171
652	Postpartum Routine	0.943321	803	82	165	0.94	155
653	Diag Inv Neonatal & Congenital	1.443826	190	90	246	0.50	124
654	Management Neonatal & Congenital	0.847440	4,760	951	149	1.08	160
656	Delivery with Postpartum Complications	0.927402	12	1	151	0.70	106
657	Delivery without Postpartum Complications	0.639908	51	1	93	1.13	105
658	Postpartum Conditions Outcomes Uncomplicated	0.672667	3,248	521	103	1.02	105
659	Diag Inv Pregnancy with Abortive	3.064140	801	32	549	0.54	295
660	Management Pregnancy with Abortive Outcomes Uncomp	1.557118	2,401	110	235	1.32	309
662	Diag Inv Antepartum	2.081927	4,305	2,831	321	0.52	168
663	Management Antepartum	0.539607	32,668	12,621	83	0.87	72
664	Diag Inv Pregnancy with Abortive Outcomes Complica	3.604613	84	5	677	0.28	191
665	Management Pregnancy with Abortive Outcomes Complic	1.143242	371	17	207	0.54	113
701	Diag Inv Oncological	1.611490	1,152	283	269	0.88	237
702	Management Oncological	0.760099	12,713	2,221	124	1.97	244
703	Radiotherapy (Includes diagnosis code V58.0)	0.659671	17	6	111	0.48	53
704	IV Therapy -- Non Cancer Related	0.673496	133,463	22,843	102	0.83	85
751	Diag Inv Ophthalmology 0 < 12 years	1.318076	75	34	212	0.49	104

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002		Blended		Standard Deviation
			Activity	Costed Cases	Average Cost	Coefficient of Variation	
752	Diag Inv Ophthalmology 12 < 18 years	1.324902	64	38	213	0.42	89
753	Diag Inv Ophthalmology 18 < 45 years	1.387131	1,136	786	217	0.59	128
754	Diag Inv Ophthalmology 45 + years	1.344533	7,029	5,984	210	0.32	68
755	Management Ophthalmology 0 < 12 years	0.436448	19,963	4,150	79	0.71	56
756	Management Ophthalmology 12 < 18 years	0.443422	4,175	1,095	76	0.72	54
757	Management Ophthalmology 18 < 45 years	0.480533	20,284	6,216	78	1.03	80
758	Management Ophthalmology 45 + years	0.494210	33,739	21,933	78	0.94	73
801	Diag Inv Psychiatry	1.577983	1,326	271	278	0.58	161
802	Management Psychiatry	0.546461	191,778	64,788	97	1.09	105
803	Drug & Alcohol Related Conditions	0.981288	15,450	2,204	164	0.89	146
851	Diag Inv General Respiratory < 18 years	1.299365	7,960	2,151	224	0.60	134
852	Diag Inv General Respiratory 18 + years	1.647371	26,429	2,926	284	0.60	171
853	Management General Respiratory 0 < 1.5 years	0.756227	7,564	2,108	131	1.10	144
854	Management General Respiratory 1.5 < 6 years	0.769329	12,953	3,563	133	1.12	149
855	Management General Respiratory 6 < 18 years	0.773252	15,237	3,152	133	1.01	134
856	Management General Respiratory 18 < 65 years	0.682518	38,167	4,520	116	0.99	114
857	Management General Respiratory 65 + years	0.983864	10,109	1,311	158	0.86	135
863	Diag Inv Severe Respiratory Disease	1.902341	610	312	320	0.32	104
864	Management Severe Respiratory Disease	1.465407	4,300	806	248	0.38	94
901	Diag Inv Skin & Soft Tissue	1.014103	6,414	2,293	171	0.67	114
902	Management Skin & Soft Tissue	0.463402	130,996	24,100	75	1.22	91
906	Cellulitis	0.678944	20,821	4,142	111	1.02	113
951	Diag Inv Systemic Infection	1.484382	3,153	786	264	0.64	170
952	Management Systemic Infection < 18 years	0.634356	17,382	4,996	109	0.88	96
953	Management Systemic Infection 18 < 45 years	0.628919	4,354	503	114	0.86	98
954	Management Systemic Infection 45 + years	0.556337	1,652	353	98	1.15	113
955	Diag Inv AIDS	1.549967	99	77	294	0.70	205
956	Management AIDS	0.696213	1,823	1,564	131	0.95	125
999	Ungroupable	0.628605	88	40	109	1.52	166
1001	Open Fracture Fingers & Toes	1.151741	419	42	200	0.41	83
1002	Closed Fracture Fingers & Toes	0.623745	7,255	1,247	108	0.69	74

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SMRV	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
1003	Fractured Nose, Open & Closed	0.710380	1,548	153	118	0.92	108
1004	Open Fracture & Dislocations Other	1.688040	235	42	302	1.14	344
1005	Closed Fracture & Dislocations Other	1.083455	48,533	5,129	184	0.79	145
1007	Open Wounds without Complications	0.659763	30,831	3,541	107	0.90	96
1008	Open Wound with Complications	0.775193	2,621	269	126	1.14	144
1009	Sprains	0.954120	80,909	4,756	159	0.76	120
1010	Contusions Fingers/Toes	0.731749	6,659	323	119	0.73	86
1011	Contusions except Fingers/Toes	1.006372	51,797	2,960	171	0.85	146
1012	Open Wound Eye	0.524087	898	209	85	1.01	86
1013	Foreign Body Eyes, Ears, Nose	0.494147	5,719	496	80	0.70	56
1014	Foreign Body except Eyes, Ears, Nose	0.954161	2,923	498	165	0.84	139
1015	Diag Inv Poisoning	2.027507	762	88	364	0.54	195
1016	Management Poisoning	1.200729	10,456	1,005	208	0.88	183
1017	Amputation except Fingers/Toes	0.249430	2	1	37	1.03	39
1018	Abuse/ Sexual Assault 0 < 12 years	2.154738	416	134	412	0.96	396
1019	Abuse/ Sexual Assault 12+ years	2.018185	616	66	378	1.00	377
1020	Burn Moderate to Severe	0.632266	611	41	108	1.11	119
1021	Minor Other Injuries	0.829463	31,716	5,906	133	0.92	123
1022	Moderate Other Injuries	3.605382	3,962	768	594	2.12	1,258
1024	Comas	1.722949	38	4	325	0.78	255
1025	Shock	1.150693	687	105	201	0.77	154
1026	Open Spinal Fracture & Dislocation	2.847698	5	1	442	0.17	73
1027	Closed Spinal Fracture & Dislocation	1.605657	1,136	108	275	0.56	154
1028	Diag Inv Head Injury	1.683421	1,371	158	275	0.49	135
1029	Management Head Injury	0.507971	4,266	998	90	0.94	85
1030	Diag Inv Thoraco-Abdominal & Major Vascular	1.849019	396	33	330	0.59	196
1031	Management Thoraco-Abdominal & Major Vascular	0.694041	4,357	432	117	0.89	104
1032	Burn Minor 0 < 6 years	0.681350	1,139	206	114	0.70	80
1033	Burn Minor 6 + years	0.631766	6,113	453	108	0.74	81
1034	Diag Inv Major Other Injuries	1.630317	124	22	273	0.53	145
1035	Management Major Other Injuries	1.487108	526	79	252	1.43	361

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002		Blended		
			Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
1051	Assessment Referral	0.911406	1,966	909	172	0.64	110
1052	Assessment Intake	0.978607	5,720	1,097	172	0.80	138
1053	Assessment Collateral	0.823114	527	54	143	0.71	101
1054	Legal Assessment Half Day	1.000000	17		168	-	-
1055	Legal Assessment Full Day	1.000000	6		168	-	-
1056	Assessment Specialized	1.112108	1,011	46	195	0.58	113
1057	Individual Therapy	0.449610	63,172	25,694	78	1.02	79
1058	Crisis/Intervention Calls Telephone Crisis Calls	0.422569	108	-	66	0.28	19
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	1.000000	419		168	-	-
1060	Couple Therapy	1.192660	1,292	18	205	0.37	76
1061	Family Therapy	1.089283	3,449	215	187	0.64	119
1062	Group Therapy	0.238832	56,578	14,538	41	0.84	34
1063	ECT	1.944100	1,806	900	298	0.51	151
1064	Medication Administration	0.525681	29,540	8,250	97	0.62	61
1065	Patient Specific Consultations/Case Supervision	0.570265	6,795	3,665	85	0.97	83
1066	Patient Specific Hearings	1.000000	18		168	-	-
1067	Patient Specific Professional Reports and Applications	1.000000	2,031		168	-	-
1068	Patient Specific Critical Incident Documentation	1.000000	29		168	-	-
1069	Diagnostic Testing/Scoring Testing Type 1	2.121220	523	279	372	1.04	387
1070	Diagnostic Testing/Scoring Testing Type 2	3.103851	330	114	479	0.67	322
1071	Diagnostic Testing/Scoring Testing Type 3	5.478851	229	3	814	0.41	335
1072	Therapeutic Milieu Programs Half Day	0.147650	17,180	426	29	1.08	31
1073	Therapeutic Milieu Programs Full Day	1.000000	561		168	-	-
1074	Mental Health Education 0-120 min	0.418273	837	103	65	0.66	43
1075	Mental Health Education 121-240 min	-					
1076	Mental Health Education 241-360 min	-					
1077	Mental Health Education 361-480 min	-					
1101	OT Group 1	0.130946	43,580	29,498	24	1.09	26
1102	OT Group 2	0.328276	42,012	21,626	58	0.83	48
1103	OT Group 3	0.541814	12,544	3,796	90	0.94	84
1104	OT Group 4	0.827318	38,628	11,669	145	1.05	152

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWAY	2001/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
1105	OT Group 5	1.405836	8,532	822	217	0.84	182
1106	OT Group 6	2.296306	7,425	339	377	0.76	285
1111	Physical Therapy Group 1	0.175410	387,096	44,098	30	0.83	25
1112	Physical Therapy Group 2	0.344924	366,712	33,573	55	0.60	33
1113	Physical Therapy Group 3	0.434798	69,979	6,729	70	0.68	48
1114	Physical Therapy Group 4	0.669219	134,233	11,783	115	0.52	60
1115	Physical Therapy Group 5	1.064745	12,010	425	181	0.57	103
1116	Physical Therapy Group 6	1.420464	4,119	109	248	0.51	127
1121	Recreational Therapy Group 1	0.086792	11,764	8,366	16	0.56	9
1122	Recreational Therapy Group 2	0.220092	5,499	2,782	39	0.47	18
1123	Recreational Therapy Group 3	0.402646	1,697	71	68	0.51	34
1124	Recreational Therapy Group 4	0.488730	2,910	1,069	91	0.54	49
1125	Recreational Therapy Group 5	0.763898	3,617	31	144	0.43	61
1126	Recreational Therapy Group 6	1.301566	606	4	246	0.29	71
1131	Speech-Language Pathology Group 1	0.268906	68,568	36,356	51	0.74	37
1132	Speech-Language Pathology Group 2	0.814690	58,239	4,767	153	0.52	80
1133	Speech-Language Pathology Group 3	0.565987	5,613	483	80	1.19	95
1134	Speech-Language Pathology Group 4	1.084264	34,043	3,249	155	0.73	113
1135	Speech-Language Pathology Group 5	1.001450	26,350	4,273	160	0.86	137
1136	Speech-Language Pathology Group 6	1.707236	7,619	144	265	0.82	217
1141	Audiology Group 1	0.131150	5,450	3,193	25	0.39	10
1142	Audiology Group 2	0.682579	7,537	3,288	110	0.62	68
1143	Audiology Group 3	1.217299	11,517	4,217	209	0.67	139
1144	Audiology Group 4	2.924572	377	127	550	0.49	272
1145	Audiology Group 5 - Cochlear Implant	1.000000	35		168	-	-
1151	Resp Therapy Group 1	0.267707	12,629	5,075	44	1.39	61
1152	Resp Therapy Group 2	0.505737	18,002	7,745	82	0.85	70
1153	Resp Therapy Group 3	1.007963	11,624	4,965	155	0.71	109
1154	Resp Therapy Group 4	1.333988	16,030	4,436	203	0.78	159
1155	Resp Therapy Group 5	2.234463	2,581	626	355	0.59	209
1156	Resp Therapy Group 6	2.863197	1,228	492	443	0.83	367

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SNRV	2001/2002		Blended		Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Average Cost	Cost		
1201	Clinical Nutrition Group 1	0.214085	19,915	13,371	36	1.11	40	
1202	Clinical Nutrition Group 2	0.371569	25,157	11,215	61	0.71	44	
1203	Clinical Nutrition Group 3	0.518348	8,045	2,264	86	0.61	53	
1204	Clinical Nutrition Group 4	0.951218	17,707	6,495	152	0.60	91	
1205	Clinical Nutrition Group 5	1.310529	2,998	556	208	0.57	118	
1206	Clinical Nutrition Group 6	1.844206	1,179	60	312	0.64	199	
1221	Social Work Group 1	0.242315	24,584	21,164	45	0.88	39	
1222	Social Work Group 2	0.605298	17,674	8,016	106	0.69	73	
1223	Social Work Group 3	1.211095	3,102	642	211	0.56	117	
1224	Social Work Group 4	1.652586	2,772	184	292	0.65	191	
1225	Social Work Group 5	2.471758	836	20	421	0.47	197	
1226	Social Work Group 6	5.697045	624	1	970	0.52	506	
1241	Psychology Group 1	0.259201	22,327	20,364	49	0.71	35	
1242	Psychology Group 2	0.912905	8,200	3,640	173	0.46	80	
1243	Psychology Group 3	1.335127	2,265	291	252	0.40	102	
1244	Psychology Group 4	2.029652	4,394	1,903	384	0.40	154	
1245	Psychology Group 5	2.999736	1,293	19	567	0.54	307	
1246	Psychology Group 6	2.843213	520	8	539	0.55	299	
1247	Psychology Group 7	0.865772	22	-	164	0.65	107	
1248	Psychology Group 8	1.790022	5	-	339	0.29	98	
1249	Psychology Group 9	3.395468	-	-	643	0.13	85	
2001	Critical Care Unit or O.R. with Secondary Diagnosis	2.497715	4,132	505	426	0.73	309	
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2.171438	6,916	820	373	0.82	305	
2003	Other Unit with Secondary Diagnosis	2.124928	51,291	5,327	373	1.07	400	
2004	Other Unit without Secondary Diagnosis	1.816990	75,760	9,944	321	0.77	247	
2021	DOA	1.523166	583	9	235	0.65	154	
2022	Died During Visit	1.665575	759	78	266	0.97	259	
2023	Death - Organ Donor	0.326900	-	-	56	-	-	
2041	Patient Transferred with Secondary Diagnosis	2.740586	7,993	561	449	0.79	356	
2042	Patient Transferred without Secondary Diagnosis	2.342782	10,917	716	387	0.82	319	
2050	Diag Inv General Symptoms/Exam	1.256245	17,538	5,856	227	0.91	207	

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2002		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
2051	Management General Symptoms/Exam < 18 years	1.077162	36,910	9,734	201	1.45	292
2052	Management General Symptoms/Exam 18 < 45 years	0.857715	43,711	8,718	149	1.26	188
2053	Management General Symptoms/Exam 45 < 65 years	0.895399	24,055	7,540	156	1.40	218
2054	Management General Symptoms/Exam 65+ years	0.865400	21,034	8,154	154	1.32	202
2059	Prophylactic Vaccination	1.525779	17,911	3,538	244	2.06	502
2060	Therapeutic Medical Counselling	0.340248	35,722	4,815	60	1.82	109
2062	Preoperative Exam	1.277105	66,609	29,841	208	0.72	151
2063	Private Practice Office Visit	0.164109	25,176	5,709	29	2.21	63
2064	Therapy - No Intervention Code	0.283455	59,712	5,808	57	1.47	84
2066	Contact/Carrier of Communicable Disease	0.827744	2,128	964	151	1.01	153
2067	Health Hazard Related to Personal/Family History	7.916146	1,261	722	1,291	1.44	1,856
2068	Routine Health Supervision	0.515173	10,419	7,817	91	1.56	141
2069	Postsurgical Status	0.474443	71,079	8,367	82	1.39	113
2070	Follow-up/Convalescence	0.428372	34,683	16,773	76	1.43	108
2071	Screening Exam	0.984233	8,256	4,506	178	0.54	96
2072	Screening Exam - Genetics	-	-	-	-	-	-
2073	Genetic Counselling	6.115537	1,412	1,325	1,166	0.48	564
2081	Non Registered Service Recipients	-	2,532	-	-	-	-
2082	Mode of Service - Telephone	0.221742	232,465	116,502	39	1.21	47
2099	Patient Left Without Being Seen	0.797071	8,166	591	143	1.01	144

Schedule 8 -- Ambulatory Care Low Volume Cells

ACCS Group	Description	Activity 2001/2002	Total Costed Cases	Costed Cases from				Alberta Cases Used as Top-Up				Manual Top-Up
				2001/2002	2000/2001	1999/2000	1998/1999	1997/1998				
62.1	Home Hemodialysis Teaching	416	5					5				
62.2	Selfcare Hemodialysis	957	1									1
73	Hos Visit Including Diagnostic Investigation of vascular Sys	8	5	1	3	1						
77	Hospital Visit Radiotherapy	6	1								1	
656	Delivery with Postpartum Complications	12	5	1	2						2	
657	Delivery without Postpartum Complications	51	5	1	4							
1017	Amputation except Fingers/Toes	2	2	1	1							
1026	Open Spinal Fracture & Dislocation	5	2	1						1		
1054	Legal Assessment Half Day	17	1									1
1055	Legal Assessment Full Day	6	1									1
1058	Crisis/Intervention Calls Telephone Crisis Calls	108	2		2							
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	419	1							1		1
1066	Patient Specific Hearings	18	1							1		1
1067	Patient Specific Professional Reports and Applications	2,031	1							1		1
1068	Patient Specific Critical Incident Documentation	29	1							1		1
1073	Therapeutic Milieu Programs Full Day	561	1							1		1
1145	Audiology Group 5 - Cochlear Implant	35	1							1		1
1226	Social Work Group 6	624	4	1	2	1						
2023	Death - Organ Donor	-	2								2	

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